

<b>Case Number:</b>	CM14-0143456		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	05/05/2003
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Minnesota. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 74 year old female with a history of work related injury on 5/5/2003. She has chronic pain in the neck, upper back, lower back, right and left knees. She ambulates with a walker. There are bladder and bowel issues reported. She is unable to drive. A gentleman aide assists with helping her to the bathroom, cooking, grocery shopping, and washing dishes. She underwent a left total knee arthroplasty on 10/9/2007 per pain management notes of 9/5/2014. Progress notes of 4/5/2014 document severe pain, depression, impaired concentration, impaired memory, and suicidal ideation. Other notes indicate the presence of disc bulges in the cervical and thoracic spine and a disc rupture in the lumbar spine. Detailed physical examination or radiology reports are not submitted. The disputed issues pertain to arthroscopy of the right knee, Psych follow-up, 12 Physical Therapy sessions, Motorized bed, Home Health Care 4 hours a day 5 days a week, and MRI scans of both knees.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **Right Total Knee Arthroscopy: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Knee & Leg Chapter, Procedure Summary (last updated 06/05/14), Arthroscopy

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Knee, Topic: Diagnostic Arthroscopy

**Decision rationale:** The request as stated refers to a right total knee arthroscopy which probably means a diagnostic arthroscopy of the right knee. The documentation provided refers to a history of low back pain and bilateral leg pain. A history of left total knee arthroplasty on 10/9/2007 is reported. However the leg pain is bilateral. No physical findings or x-ray findings pertaining to the knees are submitted. California MTUS refers to surgical considerations if there is failure of exercise programs to increase range of motion and strength of the musculature around the knee. ODG indications for diagnostic arthroscopy include failed conservative treatment with medications and physical therapy with continuing pain and functional limitations and imaging is inconclusive. The documentation provided does not include the specific knee symptoms such as swelling, or mechanical symptoms. Examination findings or x-ray findings are not submitted. As such, the request for a diagnostic arthroscopy is not medically necessary per guidelines.

**Psych Follow-up:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100.

**Decision rationale:** Psychological evaluation is recommended per Chronic Pain Medical Treatment Guidelines and is medically necessary. There is a history of depression, impaired concentration and impaired memory reported. Therefore, the request for Psychological Follow-up as requested is medically appropriate and necessary.

**Twelve physical therapy sessions, 2 times per week for 6 weeks, in treatment of the bilateral knees:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Knee & Leg Chapter, Procedure Summary (last updated 06/05/14), Physical Therapy

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 330.

**Decision rationale:** There is a history of low back and bilateral leg pain. She had undergone a left total knee arthroplasty in 2007. The available documentation does not include specific knee symptoms other than chronic pain which is widespread. No examination findings pertaining to the knees are reported. The documentation mentions bilateral knee pain. However a history of left total knee arthroplasty in 2007 is also reported. The California MTUS guidelines refer to the need for a history and physical examination of the knee before specific recommendations with

regard to additional work-up or treatment can be made. The pain is bilateral and may represent radicular pain in light of the presence of similar pain in the left total knee arthroplasty and in the lower back. If on the basis of the history and physical examination and an x-ray of the right knee osteoarthritis is determined as the cause of pain, a corticosteroid injection, viscosupplementation and a home exercise program may be needed. The request for 12 physical therapy sessions for both knees without documentation pertaining to a history and examination findings is not medically necessary per guidelines.

**Pain Management follow-up:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Pain Procedure Summary (last updated 07/10/14), Office Visits

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Pain (Chronic), Topic: Office Visits

**Decision rationale:** The documentation provided indicates a history of chronic widespread pain in the cervical, thoracic and lumbar areas as well as both lower extremities. A pain management evaluation was supported by UR but only one visit was certified. California MTUS does not address this request. ODG encourages office visits to medical providers as medically necessary. They play a critical role in the diagnosis. Pain Management follow-up as requested is, therefore, medically necessary.

**Motorized bed:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletins. Number: 0543 Subject: Hospital Beds and Accessories Policy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Low Back, Topic: Mattresses

**Decision rationale:** California MTUS does not address this issue. ODG indicates that there are no high quality studies to suggest purchase of any type of specialized mattress or bedding as a treatment for low back pain. The request for a motorized bed is not supported by evidence based guidelines and is not medically necessary.

**Orthopedist follow-up:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Pain Procedure Summary (last updated 07/10/14), Office Visits

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 331, 335-336, 343.

**Decision rationale:** In the absence of a documented initial assessment of the knee pain with a history and physical examination and x-rays, surgical considerations and referral to an orthopedic surgeon is not medically necessary at this time per guidelines. In the absence of red flags, knee complaints can be managed by primary care providers (page 329). However, if there is need for surgical consideration, such as the presence of red flags on page 331, such as septic arthritis or a swollen inflamed knee, or if there is evidence of a joint effusion, mechanical symptoms, instability, or evidence of osteoarthritis on the x-rays, appropriate consultations may be obtained. Based upon the documentation provided, orthopedic follow-up is not medically necessary at this time.

**Home health care 4 hours per day, 5 days a week:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Care/Services.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**Decision rationale:** Per Guidelines, recommended only for patients who are homebound. Medical services don't include homemaker services like shopping, cleaning, laundry, personal care like bathing, dressing, and using the bathroom. Documentation indicates that the worker is ambulatory with a walker. The request does not indicate the type of services needed and as such is not medically necessary.

**MRI of the bilateral knees:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Knee & Leg Chapter, Procedure Summary (last updated 06/05/14), Indications for Imaging--MRI (magnetic resonance imaging)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Knee, Topic: Magnetic Resonance Imaging

**Decision rationale:** The documentation indicates a left total knee arthroplasty was performed on 10/09/2007. Because of the metal artifact an MRI scan of the left knee will not be useful. With regard to the right knee the notes do not document mechanical symptoms such as effusions, locking, catching, or giving way, Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false positive results) from pre-existing asymptomatic conditions. ODG recommends MRI scans for non-traumatic knee pain if X-rays are not diagnostic. The documentation does not include X-ray findings pertaining to the knees. Therefore, the request for MRI scans of the bilateral knees is not medically necessary.

