

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0207064 | | |
| Date Assigned: | 12/19/2014 | Date of Injury: | 01/10/2012 |
| Decision Date: | 02/12/2015 | UR Denial Date: | 11/20/2014 |
| Priority: | Standard | Application Received: | 12/10/2014 |

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, has a subspecialty in ENTER SUBSPECIALTY and is licensed to practice in California. 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:

This is a 50-year-old female with a 1/10/12 date of injury, when she injured her low back and right hip while slipped and fell. The patient underwent right total hip arthroplasty on 10/23/14. The patient was seen on 11/12/14 with complaints of pain in the right thigh and right knee. The patient was feeling much better and was doing PT at home. The patient has been noted to be on Tramadol and Neurontin. Exam findings were handwritten and somewhat illegible. The diagnosis is status post right total hip arthroplasty. Treatment to date: right total hip arthroplasty, work restrictions, cortisone injections, PT, DME, and medications. An adverse determination was received on 11/20/14 given that the patient was already participating in PT at home and the number of completed sessions was unknown; lack of exceptional factors warranting deviation from the Guidelines; lack of support for this device in the Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Physical Therapy 1 to 2 Times A Week for 4 to 6 Weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: CA MTUS Post-Surgical Treatment Guidelines state that a therapy program that starts immediately following hip surgery allows for greater improvement in muscle strength, walking speed and functional score. A weight-bearing exercise program can improve balance and functional ability to a greater extent than a non-weight-bearing program. Patients with hip fracture should be offered a coordinated multidisciplinary rehabilitation program with the specific aim of regaining sufficient function to return to their pre-fracture living arrangements. Accelerated perioperative care and rehabilitation intervention after hip and knee arthroplasty (including intense therapy and exercise) reduced mean hospital length of stay (LOS) from 8.8 days before implementation to 4.3 days after implementation. However the progress note dated 11/12/14 indicated that the patient was receiving PT at home, it is not clear how many sessions the patient accomplished. In addition, there is a lack of documentation indicating subjective and objective functional gains from prior sessions. Lastly, there is no rationale with clearly specified goals for the patient with additional PT sessions. Therefore, the request for Post-Op Physical Therapy 1 to 2 Times A Week for 4 to 6 Weeks was not medically necessary.

Amoxicillin 500 mg #40: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious Diseases Chapter, Antimicrobial prophylaxis, dental procedures (after total joint replacements).

Decision rationale: CA MTUS does not address this issue. ODG states that Antimicrobial prophylaxis, dental procedures (after total joint replacements) are not recommended for routine dental procedures. Routine dental procedures are not risk factors for subsequent total hip or knee infection. Despite the lack of data supporting antimicrobial prophylaxis (AP) before dental procedures, many surveys of health care professionals have shown that a substantial number of them recommend AP before dental procedures in patients with a prosthetic joint replacement. Antimicrobial prophylaxis for patients with a prosthetic joint undergoing a dental procedure or other invasive medical procedure has been controversial for decades. Dental procedures were not risk factors for subsequent total hip or knee infection. The patient underwent right total hip arthroplasty on 10/23/14. However, there is no rationale indicating the necessity for Amoxicillin for the patient. In addition, the Guidelines state that the use of antibiotic prophylaxis prior to dental procedures did not decrease the risk of subsequent total hip or knee infection. Lastly, there is a lack of documentation stating that the patient was scheduled for a dental procedure. Therefore, the request for Amoxicillin 500 MG #40 was not medically necessary.

Thermo Tek: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Knee and Leg Chapter) Continuous-flow cryotherapy unit.

Decision rationale: CA MTUS does not address this issue. ODG states that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. The patient underwent right total hip arthroplasty on 10/23/14, however there is no rationale indicating the necessity for Thermo Tek for the patient. In addition, there is a lack of documentation stating that the patient had DVT risk. Lastly, it is not clear if the request was for a rental or purchase of Thermo Tec and the duration was not specified. Therefore, the request for Thermo Tek was not medically necessary.