

Case Number:	CM15-0010615		
Date Assigned:	01/28/2015	Date of Injury:	03/19/2003
Decision Date:	03/23/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/20/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 was a 53 year old female, who sustained an industrial injury, March 3, 2003. The injured workers chief complaint was postoperative from a left total knee replacement. The injured worker was diagnosed with left total knee replacement May 30, 2014, osteoarthritis of the left knee and Right total knee replacement on September 29, 2014. The injured worker received the following treatments home exercise program, physical therapy, right total knee replacement on May 30, 2014, 12 home physical therapy, laboratory studies and pain medication and right total knee replacement. The documentation submitted for review was physical therapy notes and laboratory studies. December 11, 2014, the primary treating physician requested grab bar times 2 for home shower/tub and a hinged brace postoperative safety after left knee replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Grab bar x2 for home shower/tub: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee chapter online, for Shower grab bars Knee & Leg chapter under DME

Decision rationale: This patient is status post left total knee replacement on 5/30/14. The current request is for GRAB BAR X2 FOR HOME SHOWER/TUB. The Utilization review denied the request stating that 'grab bars are considered a self-help device, not primarily medical in nature.' ODG-TWC guidelines, Knee chapter online, for Shower grab bars states, 'See Durable medical equipment DME. Grab bars are considered a self-help device, not primarily medical in nature.' ODG guidelines, Knee & Leg chapter under DME, states that DME is defined as equipment which: 1. Can withstand repeated use, i.e., could normally be rented, and used by successive patients; 2. Is primarily and customarily used to serve a medical purpose; 3. Generally is not useful to a person in the absence of illness or injury; & 4. Is appropriate for use in a patient's home. CMS, 2005. DME is 'Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment DME below.' In this case, the request does not meet the definition of DME per ODG guidelines as a shower bar is not solely used for medical purposes. This request IS NOT medically necessary.

Hinged knee brace for the left knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Knee chapter online, for Knee Braces

Decision rationale: This patient is status post left total knee replacement on 5/30/14. The current request is for HINGED KNEE BRACE FOR THE LEFT KNEE. The Utilization review denied the request stating that the left knee was stable with some laxity with full extension and the brace was not medically justified. ACOEM pg 338, table 13-3 Methods of Symptom control for knee complaints, under Options, for meniscal tears, collateral ligament strain, cruciate ligament tear, 'Immobilizer only if needed' under Patellofemoral syndrome a knee sleeve is an option. ODG-TWC guidelines, Knee chapter online, for Knee Braces, criteria for use of knee braces states a prefabricated knee brace may be appropriate for meniscal cartilage repair. The records show the patient has a history of total knee replacement and continues to be symptomatic. The patient appears to meet the ODG criteria for a prefabricated knee brace. The request for a Left knee brace IS medically necessary.