

Case Number:	CM15-0113161		
Date Assigned:	06/19/2015	Date of Injury:	03/06/2013
Decision Date:	08/18/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/11/2015

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: Minnesota, Florida
Certification(s)/Specialty: Orthopedic Surgery

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 49 year old male, who sustained an industrial injury on March 6, 2013. The injured worker reported left knee pain. The injured worker was diagnosed as having chondromalacia of patella and internal derangement of knee and lateral compartment degeneration with bone on bone of the knee. Treatment to date has included left knee surgery, x-rays, magnetic resonance imaging (MRI), unloader brace, medication and viscosupplementation. A progress note dated March 10, 2015 provides the injured worker complains of right knee pain due to overcompensation. Physical exam notes quadriceps atrophy and increased pain with McMurray's test. The plan includes right knee arthroplasty and related services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health nurse two times four visits within the first 30 days post-op: Upheld

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

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

Decision rationale: The California MTUS chronic pain medical treatment guidelines indicate home health services are recommended only for otherwise recommended medical treatment for patients who are homebound. The injured worker is undergoing a total knee arthroplasty. And, there is no indication that he will be homebound for any extended time period. As such, the request for a home health nurse 2x4 visits within the first 30 days post-op is not supported by evidence-based guidelines and the medical necessity of the request has not been substantiated.

Home health physical therapy two times four visits within the first 30 days post-op: Upheld

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

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

Decision rationale: The California MTUS chronic pain medical treatment guidelines indicate home health services are recommended only for otherwise recommended medical treatment for patients who are homebound. The injured worker is undergoing a total knee arthroplasty. And, there is no indication that he will be homebound for any extended time period. As such, the request for a home health physical therapy 2x4 within the first 30 days postop is not supported by evidence-based guidelines and the medical necessity of the request has not been substantiated.

Pre-op MRI without contrast: 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: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

Decision rationale: California MTUS 2009 guidelines indicate magnetic resonance imaging is utilized to identify and define knee pathology such as a meniscus tear, ligament strain, ligament tear, patellofemoral syndrome, tendinitis, and prepatellar bursitis. The injured worker is undergoing a total knee arthroplasty which involves bone cuts and so the status of the menisci and the anterior cruciate ligament is not important. As such a preoperative MRI scan is not supported and the medical necessity of the request has not been substantiated.