

<b>Case Number:</b>	CM15-0167974		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	03/21/2006
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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, Oregon, Washington  
 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 54-year-old male, who sustained an industrial injury on 3-21-2006. The injured worker is undergoing treatment for: left knee pain. On 7-9-15, he reported left knee pain, inability to straighten the knee and a clicking sensation in the knee. Physical findings revealed the warmth, tenderness, muscle spasm, and abnormal motion of the left knee, pain with motion, and tenderness with ambulation of the knees. There is notation of decreased motor strength and crepitus and grinding with range of motion and mild varus deformity. A corticosteroid injection was administered to the left knee. The treatment plan included knee replacement surgery. The treatment and diagnostic testing to date has included: medications, injection (June 2014), arthroscopy (date unclear), left knee x-ray (date unclear), multiple sessions of physical therapy. Medications have included: Tramadol, Prilosec, and Tylenol with codeine. Current work status: not documented. The request for authorization is for: one post-operative skilled nursing facility or home health nurse therapy, and one corticosteroid injection. The UR dated 7-29-2015: non-certified one post-operative skilled nursing facility or home health nurse therapy, and one corticosteroid injection; conditionally non-certified unknown ankle x-ray with AP and lateral view; and certified one left total knee arthroplasty, one pre-op medical clearance, 12 sessions of post-op outpatient physical therapy, one walker, one CPM machine and padding, one cold therapy unit, and one x-ray of the left knee.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 Post-op skilled nursing facility or home health nurse therapy:** 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), Knee & Leg (Acute & Chronic): Skilled nursing facility (SNF) care.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 51, Home Health Services are recommended only for medical treatment in patients who are homebound on a part-time or intermittent basis. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Home health skilled nursing is recommended for wound care or IV antibiotic administration. There is no evidence in the records from 7/9/15 that the patient is home bound. There are no other substantiating reasons why home health services are required. Therefore, determination is for not medically necessary.

### **1 Corticosteroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic): Corticosteroid injections (2015).

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care.

**Decision rationale:** CA MTUS/ACOEM Chapter 13, pages 337, 346 states that cortisone injections are optional in the treatment of knee disorders but are not routinely indicated. The exam notes from 7/9/15 do not demonstrate objective findings related to the affected knee indicative of functional deficits to support the necessity of cortisone injection into the knee. In addition, there is a lack of conservative care given to the knee prior to the determination to warrant cortisone injection. The request therefore is not medically necessary and appropriate.