

Case Number:	CM15-0169416		
Date Assigned:	09/17/2015	Date of Injury:	05/30/2014
Decision Date:	11/16/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/27/2015

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, Indiana, Oregon
 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:

This is a 61 year old male with a date of injury of May 30, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for osteoarthritis of the knee. Medical records dated May 22, 2015 indicate that the injured worker complains of pain in the left knee that limits ability to do activities of daily living. A progress note dated July 7, 2015 notes subjective complaints of worsening right knee pain, and that he had not heard about the left knee surgery. The physical exam dated August 5, 2015 reveals slight varus in the knees, left knee effusion, 100 degree flexion of the left knee, and slight left limp. The progress note dated May 22, 2015, documented a physical examination that showed an antalgic gait on the left side, crepitus with range of motion of the knee, medial joint line tenderness, tenderness over the patellofemoral joint, and left knee range of motion of -10 degrees of full extension to 100 and 15 degrees of flexion. Treatment has included medications (Naproxen since at least August of 2015) and imaging studies (reports were not available for review). The treating physician (May 22, 2015) documented a treatment plan that included a left total knee arthroplasty with associated services. The original utilization review (August 20, 2015) non-certified a request for a DVT unit, and partially certified a request for six sessions of postoperative home therapy over two weeks (original request for twelve sessions of postoperative home therapy), three week rental of a continuous passive motion machine (original request for continuous passive motion machine), and a seven day of a motorized cold therapy unit (original request for a motorized cold therapy unit).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Post operative Home Therapy, 3 times weekly for 4 weeks, 12 sessions:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee.

Decision rationale: CA MTUS/ACOEM is silent on the issue of home physical therapy. According to ODG, Knee and Leg, home health services including physical therapy are only for medical treatment in patients who are home-bound 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 that the patient is home bound. There is no other substantiating reason why home health physical therapy is required. Therefore request is not medically necessary.

Associated Surgical Services: Continuous Passive Motion (CPM) machine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee.

Decision rationale: CA MTUS/ACOEM is silent on the issue of CPM. According to ODG criteria, CPM is medically necessary postoperatively for 4-10 consecutive days but no more than 21 following total knee arthroplasty. In this case the request does not specify a length of rental. Based on this the request is not medically necessary.

Associated Surgical Services: Motorized Cold Therapy Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee.

Decision rationale: CA MTUS/ACOEM is silent on the issue of knee cryotherapy. According to ODG Knee Chapter, Continuous flow cryotherapy, it is recommended immediately postoperatively for up to 7 days. In this case there is no specification of length of time requested postoperatively for the cryotherapy unit. Therefore the request is not medically necessary.

Associated Surgical Services: DVT (deep vein thrombosis) unit: 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 Official Disability Guidelines (ODG) Knee.

Decision rationale: CA MTUS/ACOEM is silent on the issue of DVT compression garments. The ODG, Knee and Leg section, Compression Garments, summarizes the recommendations of the American College of Chest Physicians and American Academy of Orthopedic Surgeons. It is recommend to use of mechanical compression devices after all major knee surgeries including total hip and total knee replacements. In this case the duration is not specified. The request is not medically necessary.