

Case Number:	CM15-0175520		
Date Assigned:	09/16/2015	Date of Injury:	11/14/2014
Decision Date:	10/19/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/08/2015

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: Family Practice

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 63 year old female who sustained an industrial injury on 11-14-2014. A review of medical records indicates the injured worker is being treated for end stage right knee osteoarthritis. Medical records dated 7-21-2015 indicated right knee pain. There was aching and shooting pain in her knee. She couldn't squat or kneel. There was pain on both sides of the knee. Physical examination noted 7-21-2015 noted right knee 2+ effusion. Range of motion was 5-85, pain, crepitus. There was joint line tenderness. She walked with an antalgic gait. Treatment has included anti inflammatories, cane, physical therapy, injections, modified activities, and bracing. MRI of the right knee dated 1-12-2015 revealed tricompartmental osteoarthritis with associated cartilage loss, medial and lateral meniscal tears, moderate to large sized joint effusion with mild synovial thickening, tiny ruptured Baker's cyst, minimal pes anserinus bursitis, and mild patellar tendinosis. The Utilization review form dated 8-28-2015 non-certified outpatient preoperative clearance with internal medicine, in home physical therapy to the right knee, and in home RN for vitals, bandage check, and medicine intake.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative clearance with internal medicine: 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) Chapter: Knee, Section: Robotic Assisted Knee Arthroplasty.

Decision rationale: The requested surgical procedure in this case is a robotic assisted knee arthroplasty. The request for pre-operative clearance is based on the proposed surgery. The Official Disability Guidelines comment on the use of robotic assisted surgery. Robotic assisted surgery is not recommended based on the body of evidence for medical outcomes. Given that the proposed surgical procedure was non-certified, there is no rationale in obtaining pre-operative clearance with internal medicine until the nature of the proposed surgery is clarified and approved. The request is not medically necessary.

In home physical therapy to the right knee 3 times a week for 2 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Knee, Section: Robotic Assisted Knee Arthroplasty.

Decision rationale: The requested surgical procedure in this case is a robotic assisted knee arthroplasty. The request for in-home physical therapy is based on the proposed surgery. The Official Disability Guidelines comment on the use of robotic assisted surgery. Robotic assisted surgery is not recommended based on the body of evidence for medical outcomes. Given that the proposed surgical procedure was non-certified, there is no rationale in obtaining post-operative in-home physical therapy until the nature of the proposed surgery is clarified and approved. In addition, the MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of home health services. Home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. In this case, there is no documentation to indicate that the patient is homebound and unable to engage in a physical therapy program outside of the home. Given that the proposed surgery is non-certified and there is insufficient documentation on whether this patient is homebound, in-home physical therapy to the right knee is not medically necessary.

In home RN for vitals, bandage check and medicine intake 2 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Knee, Section: Robotic Assisted Knee Arthroplasty.

Decision rationale: The requested surgical procedure in this case is a robotic assisted knee arthroplasty. The request for in-home RN for vitals, bandage check and medication intake is based on the proposed surgery. The Official Disability Guidelines comment on the use of robotic assisted surgery. Robotic assisted surgery is not recommended based on the body of evidence for medical outcomes. Given that the proposed surgical procedure was non-certified, there is no rationale in in-home RN for vitals, bandage check and medicine intake until the nature of the proposed surgery is clarified and approved. The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of home health services. Home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. In this case, there is insufficient documentation to indicate that this patient is homebound and therefore requires nursing care for vitals, bandage check and medicine intake. Given that the proposed surgery is non-certified and there is insufficient documentation regarding whether this patient is homebound, in-home RN services for vitals, bandage check and medication intake is not medically necessary.