

<b>Case Number:</b>	CM15-0177188		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	06/05/2008
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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, Hawaii  
 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 is a male, who sustained an industrial injury on 6-5-2008. The injured worker was diagnosed bilateral knees osteoarthritis. The request for authorization is for: bilateral knee patellofemoral resurfacing, visiting nurse x 2 visits, and home physical therapy 2 x 4. The UR dated 8-24-2015: non-certified the request for bilateral knee patellofemoral resurfacing, home physical therapy 2 visits per week for 4 weeks for the knees, and visiting nurse x2 visits. On 4-15-2015, he reported bilateral knee and low back pain. He indicated he was having increased pain to the knees. Physical examination noted positive compression tests. On 8-5-2015, he reported bilateral knee pain. Physical examination revealed no pain to the lateral joint line, and "minimal" pain to the medial side. Flexion of the knees is noted to be about 115 degrees. X-rays of the knees revealed "sever degenerative changes with marked spurring of the patellofemoral articulation on the right and the left knee". A follow up orthopedic evaluation dated 8-26-15 was made available for this review; however is dated after the UR report. The treatment and diagnostic testing to date has included: x-rays of the knees (8-5-2015), left knee unicompartment replacement (10-5-2008), right knee unicompartment replacement (11-5-2009).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Knee Patellofemoral Resurfacing:** 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 ODG Online, Knee and Leg Chapter, Focal joint resurfacing.

**Decision rationale:** The patient presents with bilateral knee pain. The current request is for bilateral knee patellofemoral resurfacing. The treating physician states 8/26/15 (22B) the patient "has severe degenerative changes of the patellofemoral compartments of both knees. He has significant pain with significant crepitus with range of motion of the knee and a markedly positive compression test. The x-rays of both knees reveal severe osteoarthrotic changes with marked spurring of the superior and inferior poles of the patella. The x-rays also reveal successful medial unicompartment arthroplasties to both knees. The patient's bilateral knee condition has progressed so he is in need of further treatment for his condition." MTUS does not address joint resurfacing. ODG states the following for Focal joint resurfacing: Not recommended until quality studies are available. In this case, the guidelines clearly do not support the requested procedure at this time. The current request is not medically necessary.

**Visiting Nurse # 2 Visits:** Upheld

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

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

**Decision rationale:** The patient presents with bilateral knee pain. The current request is for 2 visits from a nurse. The treating physician states on 8/5/15 (25B) "The patient wants to go home following the surgery. He will require visiting nurses, home PT and medications to prevent deep vein thrombosis." MTUS guidelines for Home Health Aid state: "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." ODG - Knee and Leg, Home Health Services further states, "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, the treating physician does not outline a specific treatment plan that requires home nursing visits and what services they would be performing. Additionally, without approval of the requested surgery, the nursing visits would not be warranted. The current request is not medically necessary.

**Home Physical Therapy #8:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

**Decision rationale:** The patient presents with bilateral knee pain. The current request is for 8 sessions of home physical therapy. The treating physician states on 8/5/15 (25B) "The patient wants to go home following the surgery. He will require visiting nurses, home PT and medications to prevent deep vein thrombosis." MTUS Post Surgical Treatment Guidelines state, "Arthritis (Arthropathy, unspecified) (ICD9 716.9): Postsurgical treatment, arthroplasty, knee: 24 visits over 10 weeks Postsurgical physical medicine treatment period: 4 months." The Post Surgical MTUS Guidelines recommend a total of 24 post surgical treatments over 10 weeks. In this case, approval of the requested surgery has not been obtained therefore the home physical therapy sessions would not be warranted. The current request is not medically necessary.