

Case Number:	CM15-0061699		
Date Assigned:	04/07/2015	Date of Injury:	03/18/2009
Decision Date:	06/02/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	04/01/2015

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: Orthopedic Surgery, Sports Medicine

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 64 year old female, who sustained an industrial injury on March 18, 2009. She has reported bilateral knee pain. Diagnoses have included severe degenerative joint disease of the knees. Treatment to date has included medications, knee injections, home exercise, and imaging studies. The documentation indicated the injured worker had been certified for a left total knee arthroplasty with a 2 day stay. The injured worker had been certified for outpatient physical therapy 3 times a week times 4 weeks. A progress note dated February 16, 2015 indicates a chief complaint of bilateral knee pain. The treating physician documented a plan of care that included medications, and surgery with associated services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit, fourteen day rental: 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 Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Continuous Flow Cryotherapy.

Decision rationale: The Official Disability Guidelines indicate that a cold therapy unit rental is appropriate for up to 7 days postoperatively. The injured worker was approved for a left knee arthroplasty, which would support the use for 7 days post-operatively. The request for 14 days would exceed guideline recommendations. The request as submitted failed to indicate the body part to be treated. Given the above, and the lack of documentation of exceptional factors, the request for cold therapy unit, fourteen day rental is not medically necessary.

Continuous passive motion for home use: 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 Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Continuous passive motion (CPM).

Decision rationale: The Official Disability Guidelines indicate that a continuous passive motion device is recommended after a total arthroplasty for up to 4 to 10 days in the acute hospital setting. It is recommended for home use up to 17 days after surgery while the injured worker is at risk for stiff knee and the injured worker is immobile or unable to bear weight. The injured worker was approved for a left knee arthroplasty. The clinical documentation submitted for review failed to provide documentation the injured worker would be immobile or unable to bear weight. The request as submitted failed to indicate the duration of use and whether the unit was for rental or purchase. The request as submitted failed to indicate the body part to be treated. Given the above, the request for continuous passive motion for home use is not medically necessary.

Home physical therapy after discharge from the hospital, three times weekly for three weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California MTUS Guidelines recommend postsurgical treatment for an arthroplasty for 24 visits with the initial number of visits being half the recommended number of visits. There was a lack of documentation indicating the injured worker had a necessity for home physical therapy versus outpatient physical therapy at a facility. The injured worker was certified for physical therapy at a facility and there was a lack of documented rationale for the need for both home and facility therapy. Given the above and the lack of documented rationale, the

request for home physical therapy after discharge from the hospital, three times weekly for three weeks not medically necessary.

Home health aide, four to six hours daily for two weeks: 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 Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: The California Medical Treatment Utilization Schedule recommends home health services for injured workers who are homebound and who are in need of part time or “intermittent” medical treatment of up to 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. The clinical documentation submitted for review failed to provide the injured worker would be homebound and would have a necessity for medical treatment. The documentation indicated the request was for a home health aide which would not be supported per referenced guidelines. Given the above, the request for home health aide, four to six hours daily for two weeks is not medically necessary.

Medication: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain Page(s): 60.

Decision rationale: The California MTUS Guidelines recommend medications for pain. The request as submitted failed to indicate the specific medications being requested. As such this request would not be supported and specific guidelines could not be applied. Given the above, the request for medication is not medically necessary.