

Case Number:	CM15-0072868		
Date Assigned:	04/23/2015	Date of Injury:	08/05/2006
Decision Date:	05/20/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/16/2015

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

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 67 year old female, who sustained an industrial injury on August 5, 2006. The injured worker was diagnosed as having severe bilateral knee osteoarthritis, left worse than right, reactive airway disease, and hospitalization for pneumonia in February 2015 continuing on Prednisone. Treatment to date has included Synvisc viscosupplementation, x-rays, MRI, physical therapy and medication. Currently, the injured worker complains of bilateral knee pain, left worse than right. The Consulting Physician's Initial Report dated April 7, 2015, noted the injured worker with a moderate limp, using a cane for ambulation. Physical examination was noted to show significant medial and lateral joint line tenderness of the bilateral knees. X-rays of the bilateral knees were noted to show severe tricompartmental osteoarthritis with a varus deformity of the bilateral knees with joint space loss, osteophyte formation, and subchondral sclerosis. The treatment plan was noted to include recommendation for the injured worker to complete her treatment for her pneumonia, and when medically optimized scheduled for a total knee arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient rehabilitation at skilled nursing facility (SNF) for 7-10 days: 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, Knee and Leg, Skilled Nursing Facility.

Decision rationale: CA MTUS/ACOEM is silent on the issue of acute rehab or skilled nursing length of stay. According to the ODG, Knee and Leg, Skilled nursing facility LOS (SNF), "Recommend up to 10-18 days in a skilled nursing facility (SNF) or 6-12 days in an inpatient rehabilitation facility (IRF), as an option but not a requirement, depending on the degree of functional limitation, ongoing skilled nursing and / or rehabilitation care needs, patient ability to participate with rehabilitation, documentation of continued progress with rehabilitation goals, and availability of proven facilities, immediately following 3-4 days acute hospital stay for arthroplasty." The decision for acute rehab or skilled nursing facility will be dependent on the outcome following the knee replacement and objective criteria during the acute inpatient admission. As there is no evidence of the results of the rehab process during the inpatient admission, the determination is for non-certification. The request is not medically necessary.

Physical therapy 3 times a week for 4 weeks, in home: Upheld

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

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

Decision rationale: Per the CA MTUS/Post Surgical Treatment Guidelines, page 24, Knee, arthroplasty of the knee recommends 24 visits over 10 weeks with a post surgical treatment period of 4 months. The guidelines recommend of the authorized visit initially therefore 12 visits are medically necessary. There is no rationale why home physical therapy is required compared with traditional outpatient physical therapy from the exam note of 4/7/15. Therefore the determination is for non-certification. The request is not medically necessary.

Postoperative cold therapy unit, 30 day rental: 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, Knee and Leg, Continuous flow cryotherapy.

Decision rationale: CA MTUS/ACOEM is silent on the issue of cryotherapy. According to ODG, Knee and Leg Chapter regarding continuous flow cryotherapy it is a recommended option after surgery but not for nonsurgical treatment. It is recommended for upwards of 7 days

postoperatively. In this case the request has an unspecified amount of days. Therefore the determination is for non-certification. The request is not medically necessary.