

Case Number:	CM15-0090864		
Date Assigned:	05/15/2015	Date of Injury:	11/23/2013
Decision Date:	06/16/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/12/2015

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:

The injured worker is a 50 year old female, who sustained an industrial injury on 11/23/2013. She reported left knee pain and swelling after falling. Diagnoses have included left knee lateral compartment osteoarthritis, left patellofemoral pain syndrome and status post left knee arthroscopy. Treatment to date has included cortisone injections, physical therapy, a home exercise program and medication. Magnetic resonance imaging (MRI) of the left knee from 9/16/2014 showed tricompartmental osteoarthrosis. According to the progress report dated 4/9/2015, the injured worker complained of moderate, lateral left knee pain. She was using Percocet, Naprosyn and ice for pain. Exam of the left knee revealed ten degrees of valgus alignment and a small effusion. There was patellofemoral tenderness and lateral greater than medial joint line tenderness. Authorization was requested for left total knee arthroplasty with an assistant surgeon, and post-operative in-home physical therapy visits and registered nurse visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: assistant surgeon: 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 Chapter, Arthroplasty Section.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of a surgical assistant. ODG low back is referenced. More complex cases based off CPT code are felt to warrant the use of a surgical assistant. The requested procedure is total knee arthroplasty. Given the level of complexity of the surgery it is not felt to be medically necessary to have an assistant.

12 visits of in home home health physical therapy and 3 RN 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 Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 51, Home Health Services are recommended 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 from 2/19/15 that the patient is home bound. There are no other substantiating reasons why home health services are required. Therefore the request is not medically necessary.