

Case Number:	CM15-0093484		
Date Assigned:	05/28/2015	Date of Injury:	11/18/2009
Decision Date:	06/25/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/14/2015

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: Illinois, California, Texas
 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 59-year-old male who sustained an industrial injury on 11/18/09. Injury was reported due to repetitive motions during work activities. The 1/13/15 treating physician report cited persistent moderate to severe right knee pain with limited standing and walking tolerance. The injured worker had completed a series of viscoelastic injections that had not been as helpful as they were previously. He had undergone extensive conservative treatment including medications, physical therapy, home exercise program, arthroscopic surgery, and viscosupplementation. During the March 2010 arthroscopic surgery, it was noted that he had degenerative changes including stage III and IV disease in the medial compartment, stage II and III disease in the lateral compartment, and stage III disease in the patellofemoral compartment. Radiographs demonstrated severe medial collateral ligament compartment narrowing, and degenerative changes in the lateral and patellofemoral compartments with osteophyte formation. His body mass index was 34.6. Physical exam documented medial compartment tenderness with varus alignment, crepitus and painful range of motion limited to 0-110 degrees. The treatment plan recommended right total knee arthroplasty. Records documented that surgery was approved but delayed pending completion of a colonoscopy and medical clearance. A request for extension of the authorization for total knee arthroplasty and associated surgical items was submitted on 5/6/15. The 5/7/15 utilization review certified the request for right total knee replacement including 3 day hospital stay and Lovenox 40 mg #10. The request for one RN visit for Lovenox education was non-certified as this request was withdrawn during the peer-to-peer discussion as this education would be provided in the hospital. The request for skilled nursing facility for 10

days was non-certified as this request was withdrawn during the peer-to-peer discussion as it was too early to determine the post-operative need for skilled nursing care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: One RN visit for Lovenox education: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations, page 503.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: The California MTUS recommends home health services only for otherwise recommended treatment for patients who are homebound, on a part time or intermittent basis. Although patient education for the home administration of anti-coagulation therapy would be supported by guidelines, records indicate that this education would be provided in the inpatient setting prior to discharge to the next level of care. There is no compelling reason to support the medical necessity of this request based on the documented peer-to-peer discussion. Therefore, this request is not medically necessary.

Associated Surgical Service: Ten day skilled nursing facility stay: 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), Low Back Chapter and Knee and 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 and Leg, Rehab, inpatient, Skilled nursing facility (SNF) care, Skilled nursing facility LOS (SNF).

Decision rationale: The California MTUS does not provide length of stay recommendations for skilled nursing facility (SNF) stay, status post total knee joint replacement. The Official Disability Guidelines recommend up to 10-18 days in a SNF as an option following total knee replacement, depending on the degree of functional limitation, on-going skilled nursing and/or rehabilitation needs, patient ability to participate with rehabilitation, and documentation of continued progress with rehabilitation goals. Guideline criteria have not been met. The current medical necessity of SNF admission is not documented relative to functional limitations expected post-operatively that would preclude discharge to home. Therefore, this request is not medically necessary at this time.