

Case Number:	CM15-0094183		
Date Assigned:	05/20/2015	Date of Injury:	05/01/2008
Decision Date:	07/22/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/15/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 male, who sustained an industrial injury on 5/1/2008. He reported left knee pain. The injured worker was diagnosed as having left knee contusion/sprain, left knee arthritis. Treatment to date has included medications, left knee surgery, magnetic resonance imaging of the left lower extremity (10/30/2014). The request is for a continuous passive motion machine for 21 days, a post-operative knee brace, and home health visits x8, 2x4 weeks for wound evaluation and care. On 10/10/2014, he was seen for follow up to knee pain. He is noted to have swelling and this was drained in the office. Physical examination and level of pain are not documented. On 11/13/2014, he was seen for left knee pain. Subjective complaints and Physical examination of the knee was not documented. On 12/29/2014, he is seen for follow up regarding left knee pain. Subjective findings and Physical examination of the knee was not documented. On 3/19/2015, he presented for medication review and refill. His pain is not documented. Subjective findings and physical examination of the knee are not documented. On 4/9/2015, he underwent left total knee replacement. He was prescribed: MS Contin, Norco, and Aspirin. The treatment plan included: knee brace, home health care, and continuous passive motion machine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuous passive motion machine 21 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 (Acute & Chronic) , continuous passive motion.

Decision rationale: The claimant sustained a work-related injury in May 2008 and is being treated for right knee pain. When seen, he was having difficulty standing and walking. He underwent a right total knee replacement on 04/09/15. Continuous passive motion (CPM) can be recommended for use after a revision or primary total knee arthroplasty for up to 17 days after surgery. In this case, the duration of intended use is in excess of that recommendation and the requested cannot be considered medically necessary.

Post op knee brace: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Knee Brace.

Decision rationale: The claimant sustained a work-related injury in May 2008 and is being treated for right knee pain. When seen, he was having difficulty standing and walking. He underwent a right total knee replacement on 04/09/15. A knee brace can be recommended when there is severe instability as demonstrated by physical examination or after a failed knee replacement. In this case, neither condition is present therefore requesting a brace was not medically necessary.

Home health visits x 8, 2x4 weeks for wound evaluation and care: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG); Knee & Leg (Acute & Chronic), Home health services.

Decision rationale: The claimant sustained a work-related injury in May 2008 and is being treated for right knee pain. When seen, he was having difficulty standing and walking. He underwent a right total knee replacement on 04/09/15. Home health services are recommended only for necessary medical treatments for patients who are homebound and unable to perform treatments without assistance. In this case, the claimant has a unilateral lower extremity impairment without significant upper extremity impairing condition and would not be expected to require home based services. Therefore, the requested home health visits for wound evaluation and care are not medically necessary.