

Case Number:	CM15-0097633		
Date Assigned:	05/28/2015	Date of Injury:	07/02/2014
Decision Date:	07/01/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/20/2015

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 57 year old female with an industrial injury dated 7/02/2014. The injured worker's diagnoses include knee degenerative osteoarthritis. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 4/14/2015, the injured worker reported increasing left knee pain with locking and popping. Objective findings revealed moderate effusion in the left knee, moderate to marked medial joint line tenderness and patellar tenderness, slight lateral joint line tenderness, decrease range of motion, severe pain with flexion, positive patellar crunch test, and positive McMurray's test. X-ray of the bilateral knees revealed patellofemoral joint replacement on the right and severe erosions and lateral subluxation of patella femoral joint on the left. The treatment plan consisted of left knee replacement surgery with associated surgical services and pain management. The treating physician prescribed services for associated surgical service: Durable medical equipment (DME) CPM (continuous passive motion) machine (14 day rental) and Post-operative home health care (2 weeks) now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Durable medical equipment (DME) CPM (continuous passive motion) machine (14 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 and Leg, Criteria for the use of continuous passive motion devices.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg, CPM.

Decision rationale: CA MTUS/ACOEM is silent on the issue of CPM. According to ODG Knee and Leg, CPM is medically necessary postoperatively for 4-10 consecutive days but no more than 21 following total knee arthroplasty. As the request of 14 days exceeds the 4-10 day recommendation. Therefore, the request is not medically necessary.

Post-operative home health care (2 weeks): Upheld

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

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 4/14/15 that the patient is home bound. There are no other substantiating reasons why home health services are required. Therefore, this request is not medically necessary.