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**Notice of Independent Medical Review Determination**

Dated: 11/15/2013



Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:



7/1/2013

10/22/2003

7/30/2013

CM13-0004690

- 1) MAXIMUS Federal Services, Inc. has determined the request for **post-op shower chair is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **post-op CPM machine for left knee (weeks) is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **post-op cooling unit for left knee (weeks) is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **post-op coagulation studies (performed by visiting nurse) (weeks), qty:6 is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **post-op dressing changes, qty: 15 is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for **MRSA screening is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for **Chlorhexidine (CHG) liquid soap is not medically necessary and appropriate.**
- 8) MAXIMUS Federal Services, Inc. has determined the request for **post-op physical therapy for left knee, qty: 15 is not medically necessary and appropriate.**

- 9) MAXIMUS Federal Services, Inc. has determined the request for **MRI scan of left knee is not medically necessary and appropriate.**
- 10) MAXIMUS Federal Services, Inc. has determined the request for **medical clearance is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/30/2013 disputing the Utilization Review Denial dated 7/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/9/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **post-op shower chair is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **post-op CPM machine for left knee (weeks) is not medically necessary and appropriate.**
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- 9) MAXIMUS Federal Services, Inc. has determined the request for **MRI scan of left knee is not medically necessary and appropriate.**
- 10) MAXIMUS Federal Services, Inc. has determined the request for **medical clearance is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 treatments and/or services at issue.

**Expert Reviewer Case Summary:**

This claimant is a 46-year-old male with complaints of knee pain. On 08/17/2009, he was seen in clinic by [REDACTED], MD for complaints of pain including bilateral knee pain. It was reported that he did not want to have viscous injections for his right knee which had been previously recommended by a Utilization Review (UR) physician, and apparently the adjuster was insisting that the patient have the injections. The claimant advised that he did not want to have those injections at that time. On 07/27/2012, he was seen back in clinic and left knee flexion was 110 degrees and left knee extension was 175 degrees, and he still complained of pain to both knees with difficulty walking, standing, and sitting. On 03/11/2013, he returned to [REDACTED], MD and continued to complain of bilateral knee pain which was increasing, particularly on the left. On exam he ambulated with a slow, deliberate, and slightly antalgic gait to the left. Flexion was 105 degrees on the right and on the left was 100 degrees. Extension was 170 degrees on the right and 165 degrees on the left. Crepitus was present medially and laterally and under the patellae and McMurray's sign was positive medially and laterally. Previous MRI of the left knee performed on 09/25/2010 reportedly revealed tricompartmental osteoarthritis, medial femoral condylar osteochondral defect, and medial compartment marrow edema related to an osteochondral defect. On 06/10/2013, this claimant returned to clinic with further evaluation by [REDACTED], MD and continued to report bilateral knee pain most of the day. Request was made for a left total knee joint replacement at that time. On 07/08/2013, this claimant returned to clinic. At that time, he still reported bilateral knee pain occurring on a daily basis. On exam, he ambulated with a slow, deliberate, slightly antalgic gait to the left. Left knee flexion was 100 degrees and extension was 165 degrees. Crepitus was present medially and laterally and under the patellae and the McMurray's sign was positive medially and laterally. Overall impression included severe osteoarthritis of the left knee. An appeal was made for surgical intervention and postoperative care.

**Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for post-op shower chair:**Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Knee and Leg Chapter, Durable medical equipment (DME), which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Durable Medical Equipment (DME), which is not part of the MTUS.

Rationale for the Decision:

The medical records provided for review indicate that the employee has been recommended for a total knee replacement, however do not indicate if the procedure has been performed at this time. The ODG knee chapter indicates that most bathroom supplies are of a convenience nature and not a medical necessity. The medical records fail to indicate that the employee cannot shower without the use of this device. **The request for a post-op shower chair is not medically necessary or appropriate.**

**2) Regarding the request for post-op CPM machine for left knee (weeks):**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based his/her decision on the Official Disability Guidelines (ODG), Knee and Leg Chapter, Continuous Passive Motion (CPM), which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Knee and Leg Chapter, Continuous Passive Motion (CPM), which is not part of the MTUS.

Rationale for the Decision:

The ODG Guidelines do not support this as they indicate that this device may be considered medically necessary for 4 to 10 consecutive days and no more than 21 days following a surgical procedure such as a total knee replacement. This request is for 6 weeks post-op use. The medical records provided for review fail to indicate if the employee has undergone the certified total knee replacement surgery at this time. **The request for post-op CPM for left knee (weeks), qty: 6.00 is not medically necessary or appropriate.**

**3) Regarding the request for post-op cooling unit for left knee (weeks):**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Continuous Flow Cryotherapy, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Knee Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 13), Initial Care, page 337, which is part of the MTUS and the Official Disability Guidelines, Knee Chapter, Continuous-flow cryotherapy, which is not part of the MTUS.

Rationale for the Decision:

The records indicate that the employee has not undergone surgical intervention at this time to need this device, a post-op cooling unit for the left knee. The ACOEM Guidelines indicate that local applications of ice may be as efficacious and the Official Disability Guidelines further state that it may be recommended as an option after surgery but, "Not for nonsurgical treatment." Postoperative use generally may be up to 7 days including home use per the Official Disability Guidelines, Knee Chapter. This request was previously non-certified as the surgical intervention has not been performed at that time and the rationale for providing this device has not been demonstrated. The additional records for this review also do not indicate the surgical intervention has taken place and do not indicate medical necessity for this device. **The request for a post-op cooling unit for the left knee (weeks), qty: 6 is not medically necessary and appropriate.**

**4) Regarding the request for post-op coagulation studies (performed by visiting nurse) (weeks), qty:6:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based his/her decision on the following link: [www.ncbi.nlm.nih.gov/pubmed](http://www.ncbi.nlm.nih.gov/pubmed) epistaxis: when are coagulation studies justified? 2008 Mar; 25(3):156-7.doi:10.1136/emj.2006.038828, section of Otolaryngology Head and Neck Surgery, which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Knee Chapter, Venous thrombosis.

Rationale for the Decision:

The records do not indicate that this employee has undergone surgery and does not indicate that the anticoagulant therapy is currently being utilized. The rationale for proceeding with this request has not been demonstrated. The ACOEM Guidelines do not specifically address this issue but the Official Disability Guidelines indicate that, "The use of recommended BTE prophylaxis is suboptimal, with only 59% of surgical patients receive recommended treatment." Current evidence suggests that if it is needed, it should be given for at least 7 to 10 days with additional prophylaxis for 4 to 5 weeks, also showing a net clinical benefit in high risk patients and procedures. The records do not indicate this employee has undergone surgery and does not indicate if the employee is high risk at this time. **The request for post-op coagulation studies (performed by visiting nurse) (weeks), qty: 6 is not medically necessary and appropriate.**

**5) Regarding the request for post-op dressing changes, qty: 15:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based his/her decision on the Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter, Wound dressings, which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines, (ODG), Knee Chapter, Wound dressings.

Rationale for the Decision:

The records do not indicate that this employee has undergone surgery at this time and does not indicate why 15 postoperative dressing changes are needed, should he have undergone surgery. The ACOEM Guidelines are silent on this issue and the Official Disability Guidelines indicate that wound dressings may be used for chronic wounds. The records do not establish this patient has a chronic wound or a need for the 15 post-op dressing changes. **The request for post-op dressing changes, qty: 15 is not medically necessary and appropriate.**

**6) Regarding the request for MRSA screening:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based his/her decision on the Official Disability Guidelines, (ODG), Infectious Disease Chapter, Methicillin-Resistant Staphylococcus Aureus (MRSA), which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Merck Manual.

Rationale for the Decision:

The records do not indicate that this employee has undergone surgery at this time. The ACOEM and ODG Guidelines do not specifically address MRSA. The application of the Merck Manual indicates that patients who have surgical incisions planted prosthesis may be predisposed to this type of infection. The records, however, do not indicate that the employee is currently at risk because surgery has not been performed.

**7) Regarding the request for Chlorhexidine (CHG) liquid soap:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based his/her decision on the Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter, Wound Dressings, which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on Medscape: Is Chlorhexidine (CHG) Bathing Really Better Than Soap and Water? Ruth M. Kleinpell, PhD, RN.

Rationale for the Decision:

The surgical intervention itself has not occurred at this time. The ACOEM and ODG Guidelines are silent, but in a study by Medscape, Ruth Kleinpell, Ph.D., it is noted that there was significant reduction in bacterial growth when CHG solution was used for patients bathing compared with soap and water." However, the surgical intervention has not taken place at this time. **The request for Chlorhexidine (CHG) liquid soap, qty: 1 is not medically necessary and appropriate.**

**8) Regarding the request for post-op physical therapy for left knee, qty: 15**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based his/her decision on the Postsurgical Treatment Guidelines, arthroplasty, knee, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Postsurgical Treatment Guidelines, arthroplasty, knee, which is part of the MTUS.

Rationale for the Decision:

The requested surgical intervention itself has not been performed at this time. The Postsurgical Treatment Guidelines indicate that postop physical therapy would be 24 visits over 10 weeks with an initial request being 1 half of that. This request exceeds current guideline recommendations even though the surgical intervention has not been performed at this time. **The request for post-op physical therapy for the left knee, qty: 15 is not medically necessary and appropriate.**

**9) Regarding the request for MRI scan of left knee:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), Knee complaints, pages 341-343, which is part of the MTUS, and the Official Disability Guidelines, (ODG), Knee and Leg Chapter, MRI, Indications for imaging, which is not part of the MTUS.

The Expert Reviewer based his/her decision on Knee Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 13), Special Studies and Diagnostic and Treatment Considerations, Knee complaints, pages 341-343, which is part of the MTUS.

Rationale for the Decision:

The ACOEM Guidelines indicates that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. There should be documented inability to flex the knee to 90 degrees. Guidelines further state that relying only on imaging studies to evaluate the source of knee symptoms may carry significant risk of diagnostic confusion. The records indicate an MRI was performed in 2010, although it was not provided for this review. The rationale for a repeat MRI has not been documented by the records provided.

**The request for an MRI scan of the left knee is not medically necessary and appropriate.**

**10)Regarding the request for medical clearance:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based his/her decision on the Official Disability Guidelines, (ODG), Knee and Leg Chapter, pre-operative testing, general, which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines, (ODG), Knee Chapter, Office visits.

Rationale for the Decision:

The records do not indicate that the surgical intervention has taken place at this time. The records do not indicate medical necessity for this request as the ACOEM Guidelines are silent on this issue, but the Official Disability Guidelines indicate that office visits are recommended as determined to be medically necessary. Medical necessity of this request has not been demonstrated as the records do not indicate that the employee has significant co morbidities. **The request for a medical clearance is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.