

Case Number:	CM13-0007502		
Date Assigned:	12/27/2013	Date of Injury:	05/04/2006
Decision Date:	02/26/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she 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 Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 57-year-old female who reported an injury on 05/04/2006. The mechanism of injury was not provided. The patient was noted to have right knee flexion 120 degrees and 0 degrees of extension. The x-ray tunnel view noted the patient had bone on bone in the lateral compartment and end stage osteoarthritis. The patellofemoral lateral joint space showed moderate narrowing. The patient was noted to have bilateral lower extremity edema and was noted to complain of swelling. The patient's diagnoses were right knee osteoarthritis and bilateral lower leg edema. The request was made for a right total knee replacement, an inpatient stay for 3 nights, an assistant surgeon, preoperative appointment, internist for medical clearance, home physical therapy, an RN evaluation, and a duplex ultrasound for the bilateral lower extremities as well as a postoperative appointment with the surgeon, DME, and Fragmin.

IMR ISSUES, DECISIONS AND RATIONALES

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

CM13-0007502: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345.

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 Chapter, Knee Joint Replacement.

Decision rationale: The Official Disability Guidelines indicate that the criteria for joint replacement include conservative care. The care should consist of exercise and medications and the patient should have a limited range of motion that is less than 90 degrees, nighttime joint pain, and no pain relief with conservative care. There should be documentation of current functional limitations demonstrating the necessity of the intervention, the patient should be over 50 years of age, have a body mass index of less than 35 as well as have imaging findings of osteoarthritis on standing x-rays. The clinical documentation submitted for review indicated that the patient had osteoarthritis on standing. The patient was noted to have bone on bone in the lateral compartment. Additionally, as it was noted that 1 compartment was affected, partial replacement is considered per Official Disability Guidelines. The patient's range of motion was noted to be 90 degrees. There was lack of documentation indicating the dates of service, efficacy, and duration of physical therapy. There was a lack of documentation indicating if the patient had nighttime joint pain as well as functional limitations. There was a lack of documentation of the body mass of the patient. Given the above, the request for a right knee total arthroplasty is not medically necessary.

An inpatient stay for three (3) nights: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, Hospital Length of Stay.

Decision rationale: Official Disability Guidelines recommend a hospital length of stay of 3 days. As the surgical procedure was not deemed necessary, the request for an inpatient stay is not medically necessary.

An assistant for the Physician Assistant required for surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: Per Physician's Assistants at Surgery 2011, an assistant surgeon is sometimes required for the requested surgery. However, as the surgery was not approved, the request for an assistant surgeon would not be required.

. H&P (history and physical) to be done by an internist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.choosingwisely.org/?s=preoperative+surgical+clearance>

Decision rationale: Per the Society of General Internal Medicine Online, "Preoperative assessment is expected before all surgical procedures." As the surgery was not supported, the request for an H&P to be done by an internist is not supported. Given the above, the request for an H&P to be done by internist is not medically necessary.

A home health RN evaluation: 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: Chronic Pain Medical Treatment Guidelines, Home Health Services, page 51.

Home health physical therapy two to three (2-3) times per week for three (3) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): Arthritis (Arthropathy, unspecified).

Decision rationale: Per California MTUS Postsurgical Guidelines, an initial course of physical therapy means one half the numbers of visits specified in the general course of therapy postsurgical; and the postsurgical treatment for an arthroplasty is 24 visits. The request would be supported for 12 visits if the surgical procedure had been approved. However, there is a lack of documentation indicating the necessity for the patient to have at home physical therapy. Given the above, the request for home health physical therapy 2 to 3 times per week for 3 weeks is not medically necessary.

CPM (unspecified duration): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, Total Knee Joint Replacement.

Decision rationale: Official Disability Guidelines recommend a CPM for no more than 21 days following a total knee arthroplasty. There is a lack of documentation indicating the duration for the request. Additionally, there was a lack of documentation indicating support for the surgery. Given the above, the request for CPM of unspecified duration is not medically necessary

. A cold compress unit (unspecified duration): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, Continuous Flow Cryotherapy.

Decision rationale: Official Disability Guidelines recommend a cold compress unit for 7 days postoperatively including home use. As the surgical procedure was not supported, this request is not medically necessary. Additionally, there is a lack of documentation indicating the requested duration. Given the above, the request for cold compress unit (unspecified duration) is not medically necessary.

Fragmin 5000 units SQ QD (prefilled syringes x10 days): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, Vein Thrombosis and <http://www.drugs.com/search.php?searchterm=Fragmin>

Decision rationale: Official Disability Guidelines recommend identifying subjects who are at high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. Per drugs.com, Fragmin is an anticoagulant that helps the formation of blood clots. The clinical documentation submitted for review failed to provide the rationale for the requested service. As the surgery was not recommended, the request for Fragmin 5000 units, subcutaneous, every day (prefilled syringes times 10 days) is not medically necessary.

A three in one (3 in 1) commode: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, DME.

Decision rationale: Per Official Disability Guidelines, certain DME toilet items such as commodes are medically necessary if the patient is bed or room confined. However, there is a lack of documentation indicating support for the surgery and there is a lack of documentation indicating the patient would be room confined or bed confined. Given the above, the request for a 3 in 1 commode is not medically necessary. Additionally, there was a lack of documentation indicating if the request was for rental or for purchase.

A front wheel walker: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, Walking Aids.

Decision rationale: Official Disability Guidelines recommend front wheeled walkers for patients with bilateral disease. This request would be supported as the patient was noted to undergo a total knee arthroplasty on the left side and was now requesting 1 for the right. Additionally, it would be supported if the surgical procedure had been supported. Given the above, the request for front wheeled walker is not medically necessary.

A postoperative appointment with the physician times three (3) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, office visits.

Decision rationale: Official Disability Guidelines recommend the need for a clinical office visit with a health care provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As the surgery was not supported, the request for a postoperative appointment with the physician times 3 weeks is not medically necessary.

A Duplex ultrasound bilateral for lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.webmd.com/dvt/deep-vein-thrombosis-dvt-symptoms-diagnosis>.

Decision rationale: Per [REDACTED], the signs and symptoms of a DVT include swelling in 1 or both legs, pain or tenderness in 1 or both legs, warmth in the skin of the affected leg, and red or discolored skin in the affected leg as well as visible surface veins and leg fatigue. It further states in order to diagnose a DVT, a duplex ultrasound is the test to use. The documentation submitted for review indicated the patient had swelling in the bilateral lower legs. However, there was lack of documentation of pain or tenderness, warmth of the skin, and red or discolored skin in the affected leg. Given the above, the request for duplex ultrasound of the bilateral lower extremities is not medically necessary.