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| Case Number: | CM13-0008518 | | |
| Date Assigned: | 11/20/2013 | Date of Injury: | 10/22/2002 |
| Decision Date: | 02/19/2014 | UR Denial Date: | 07/22/2013 |
| Priority: | Standard | Application Received: | 08/12/2013 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 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 IMR (Independent Medical Review) application shows a dispute with the 7/22/13 UR (Utilization review) decision. The 7/22/13 UR letter is by [REDACTED] based on the 7/17/13 medical report and denies the right knee revision, TKA (total knee arthroplasty) consultation and the Marcaine injection to the right knee. The patient is a 70 year-old, 4 feet 8 inches tall, 183 lbs, female that was injured on 10/22/02 when an animal cage fell from about 8 feet and struck her on the medial aspect of the right knee. She underwent right knee TKA on 3/28/11 and had MUA (manipulation under anesthesia) on 7/12/11 for a decreased knee ROM (range of motion). The 9/23/13 report from [REDACTED], shows right knee flexion to 75 degree, and extension to 160 degree. There is a 7/24/13 letter from the provider noting the patient had the TKA in 2011, has chronic pain for 2 years, and still requires a cane and pain medications. She did not tolerate the trial of neuroleptic medications, with Lyrica or gabapentin, but did have 12 hours of complete pain relief with the Marcaine injection. It was reported that within 15 mins of the Marcaine injection, she was able to walk out of the office without the use of her cane. The provider feels the diagnostic injection suggests she would be a candidate for revision of the knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

SURGERY CONSULTATION REGARDING REVISION OF RIGHT TOTAL KNEE ARTHROPLASTY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indication for surgery, Knee surgery

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indication for surgery, Knee surgery

Decision rationale: The Official Disability Guidelines (ODG) supports surgery consultation when the knee motion is less than 90 degrees. The UR (utilization review) letter denies the request for the consultation for a revision right knee arthroplasty because the patient's knee motion on 7/17/13 was reported as 95 degrees. For this IMR (independent medical review), the progress notes from a different facility, [REDACTED], dated 9/23/13 show knee flexion at 75 degrees, no passive or active movement thereafter. Knee extension was to 160 degrees. As evidence by the clinical records, the patient meets the ODG range of motion (ROM) criteria. The ACOEM states consultations are an option "when the plan or course of care may benefit from additional expertise." The request is in accordance with ACOEM guidelines. Thus, the request for surgery consult regarding revision of right total knee angioplasty is certified.

MARCAINE INJECTION TO THE RIGHT KNEE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, and Knee Complaints Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labor code 4610.5(2), section D (Expert Opinion) and Section E, Generally accepted standards of medical practice

Decision rationale: The utilization review (UR) denied the Marcaine injections because the ACOEM guidelines state invasive techniques such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections are not routinely indicated. The medical records submitted for review show the orthopedist attempted the Marcaine injection into the knee joint as a diagnostic study, similar to a hardware injection to see if the prior total knee arthroplasty (TKA) may benefit from a revision. This was not a "routine" injection, nor was it cortisone, so the ACOEM guidelines do not discuss it. The Official Disability Guidelines (ODG) and MTUS did not discuss the injection. However, the injection appears necessary under Labor Code 4610.5(2), section (D), Expert opinion, and section (E), Generally accepted standards of medical practice. According to the Labor Code 4610.5(2), "medically necessary" and "medical necessity" mean medical treatment that is reasonably required to cure or relieve the injured employee of the effects of his or her injury and based on the following standards, which shall be applied in the order listed, allowing reliance on a lower ranked standard only if every higher ranked standard is inapplicable to the employee's medical condition: (A) The guidelines adopted by the administrative director pursuant to Section 5307.27.; (B) Peer-reviewed scientific and medical evidence regarding the effectiveness of the disputed service.; (C) Nationally recognized professional standards.; (D) Expert opinion.; (E) Generally accepted standards of medical

practice.; (F) Treatments that are likely to provide a benefit to a patient for conditions for which other treatments are not clinically efficacious. In this case, the patient had twelve hours of complete pain relief with the Marcaine injection. Thus, the Marcaine injection is necessary for evaluation of a prior TKA.