MAXIMUS Federal Services

Case Number:	CM13-0018976		
Date Assigned:	10/11/2013	Date of Injury:	03/05/2003
Decision Date:	02/07/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/03/2013

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 Orthopaedic 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 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 claimant is a 69-year-old female injured in work related accident on 03/05/03 sustaining an injury to the left knee. Clinical records reviewed in this case include a recent progress report dated 08/05/13 where the claimant was seen by [redacted] for complaints of ongoing left knee pain. He states at that time that she has been treated with conservative care including viscosupplementation, multiple prior corticosteroid injections, work restrictions and activity modification. She had radiographs on that date that showed standing two views of the left knee with end stage, bone on bone articulation of the medial compartment. She was injected with corticosteroid and showed a physical examination with 50 to 90 degrees of motion, tenderness about the medial joint line and no effusion. Based on a significant course of failed conservative care, total joint arthroplasty was recommended at that date for further definitive care in regards to her care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left total knee arthroplasty: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery, Knee arthroplasty

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Surgical Considerations, and the Official Disability Guidelines (ODG), knee procedure - Knee joint replacement.

Decision rationale: MTUS Guidelines allow for surgery consultation in the presence of clear imaging evidence of a lesion that has been shown to benefit from surgery. When looking at Official Disability Guidelines criteria, left total knee arthroplasty would appear warranted. Treatment in this case indicates that the claimant has failed considerable conservative measures, is with end stage degenerative arthritis and meets all necessary Official Disability Guidelines criteria for the proposed surgery including an age greater than 50 years. At present there appears to be no other indication of form of treatment available for this claimant who has failed all other forms of necessary conservative measures and the role of surgical arthroplasty would appear medically necessary.

Four (4) day inpatient stay at [redacted]: 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), hospital length of stay (LOS) guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), hospital length of stay (LOS) guidelines.

Decision rationale: MTUS Guidelines are silent, when looking at Official Disability Guidelines, a four day inpatient length of stay would not be indicated. Guideline criteria would only recommend the role of a three day inpatient stay. This specific request thus would not be indicated.

One (1) continuous passive motion machine: 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 & Leg (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), knee procedure - Continuous passive motion (CPM).

Decision rationale: MTUS Guidelines are silent, when looking at Official Disability Guidelines criteria; continuous passive motion machine would not be indicated. The timeframe for which the continuous passive motion is to be performed is not provided. Guideline criteria would only recommend the role of up to 21 day including home use of continuous passive motion. Absence of parameters would fail to necessitate the role of this modality at present.

One (1) 3 in 1 commode: Overturned

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 & Leg (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), knee procedure - Durable medical equipment (DME).

Decision rationale: MTUS Guidelines are silent, when looking at Official Disability Guidelines criteria a three in one commode would be reasonable. Official Disability Guidelines in regards to DME devices indicate that they are necessary if they would improve function that otherwise would not be able to be utilized in the postoperative setting. A three in one commode would be beneficial given the claimant's lower extremity surgery of an aggressive nature to be performed.

One (1) front wheeled walker: Overturned

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 & Leg (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), knee procedure - Walking aids (canes, crutches, braces, orthoses, & walkers)

Decision rationale: MTUS Guidelines are silent, when looking at Official Disability Guidelines criteria; front wheeled walker would also be supported. Official Disability Guidelines would indicate the role of a wheeled walker in the postoperative setting of total joint arthroplasty given the claimant's diminished function. Specific request would appear medically necessary.

One (1) post operative 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), Knee & Leg (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: Based on California ACOEM Guidelines, a knee brace in the postoperative setting would not be indicated. California ACOEM Guidelines indicate the role of knee bracing for patellar instability, ACL tear and medial collateral instability, but does not recommend its role in the postoperative setting of joint replacement procedures. This specific request in this case would not be indicated.

One (1) cold therapy unit: 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 procedure - Continuous-flow cryotherapy.

Decision rationale: MTUS Guidelines are silent, when looking at Official Disability Guidelines, cryotherapy devices are not supported per guidelines criteria following total joint arthroplasty. Recent research concluded that use of cryotherapy devices demonstrated a sole analgesic effect but did not demonstrate gains in terms of function following total joint arthroplasty. Thus, Official Disability Guidelines criteria does not support the role of cryotherapy devices in the specific setting of knee replacement procedures.

12 post operative physical therapy sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, twelve sessions of physical therapy would appear medically necessary. Records in this case indicate the need for operative arthroplasty. California MTUS Guidelines would support the role of 24 sessions in the postoperative setting. Given the request for one half this amount of physical therapy, this specific request at this stage in this clinical course would be appropriate.

One (1) left knee x-ray, 2 view standing: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Special Studies and Diagnostic and Treatment Considerations, and the Official Disability Guidelines (ODG), knee procedure - Radiography (x-rays)

Decision rationale: Plain film radiographs were performed on 08/05/13, at the time of clinical recommendation of operative arthroplasty; further knee radiographs in this case would not be supported.

One (1) left knee injection of 2cc Depo Medrol 40mg, 1cc of Celestone Soluspan, and 2cc of Lidocaine 1%: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), knee procedure, Corticosteroid injections

Decision rationale: California MTUS indicates that invasive procedures such as corticosteroid injection are not generally indicated. When looking at Official Disability Guidelines criteria the role of corticosteroid instillation would not be supported. Records indicate surgical arthroplasty is to take plane and this would negate the need for any forms of conservative care including corticosteroid injections that have been carried out for several years in this claimant. The acute need of an injection prior to decision for operative arthroplasty would not be supported.