

<b>Case Number:</b>	CM13-0025216		
<b>Date Assigned:</b>	03/26/2014	<b>Date of Injury:</b>	03/01/2007
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	08/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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. The expert 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 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:

This is a 50-year-old female who sustained an injury to her left knee on 03/03/07. Recent clinical for review includes a 08/22/13 progress report for the left knee indicating continued complaints of pain and "buckling." It was documented at that time that radiographs revealed "bone on bone arthritis" both medially and into the patellofemoral joint. There was also noted to be moderate arthritis laterally resulting in tricompartmental change. The document indicated that the patient had failed care including injections, medications, physical therapy and activity restrictions. Recommendations at that time for the patient's ongoing complaints of pain were for an unloader brace, as well as referral for operative intervention to include arthroplasty. The patient at that time was noted to be 5'1" tall with a weight of 215, for a body mass index of roughly 40.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT TOTAL KNEE ARTHROPLASTY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) OFFICIAL DISABILITY GUIDELINES TREATMENT IN WORKER'S COMP, 18TH EDITION

**Decision rationale:** MTUS Guidelines speaks to surgical considerations for cases in which there are activity limitations and pathology on imaging. In looking at Official Disability Guidelines criteria, left total knee arthroplasty would not be appropriate. Clinical records for review would indicate that this 50-year-old individual has failed conservative measures, but is with a body mass index of greater than 35 and is relatively young for the proposed surgery. Given the claimant's relative young age, optimization of her weight would be appropriate prior to proceeding with operative intervention. The requested procedure is not medically supported given her current BMI which would pose increased risk for postoperative complications. Therefore the request is not medically necessary.

**3 DAY INPATIENT HOSPITAL STAY:** 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) OFFICIAL DISABILITY GUIDELINES TREATMENT IN WORKER'S COMP , 18TH EDITION, 2013 UPDATES: KNEE PROCEDURE -

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) OFFICIAL DISABILITY GUIDELINES TREATMENT IN WORKER'S COMP , 18TH EDITION, 2013 UPDATES: KNEE PROCEDURE -

**Decision rationale:** MTUS Guidelines are silent; Official Disability Guidelines would not support an inpatient stay as the need for operative intervention has not been established. Therefore the request is not medically necessary.

**POSSIBLE SKILLED NURSING FACILITY, ADMISSION UP TO 1 WEEK:** 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) OFFICIAL DISABILITY GUIDELINES TREATMENT IN WORKER'S COMP , 18TH EDITION, 2013 UPDATES: KNEE PROCEDURE - SKILLED NURSING FACILITY (SNF) CARE

**Decision rationale:** MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, a skilled nursing facility for one week would not be indicated as the need for operative intervention has not been established. Therefore the request is not medically necessary.

**DME:** 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) OFFICIAL DISABILITY GUIDELINES TREATMENT IN WORKER'S COMP , 18TH EDITION, 2013 UPDATES: KNEE PROCEDURE - DURABLE MEDICAL EQUIPMENT (DME)

**Decision rationale:** MTUS Guidelines are silent however in looking to Official Disability Guidelines; the role of a "DME" in this case would not be indicated as surgical process has not been established. There is also no indication as to what DME is being requested. Therefore the request is not medically necessary.

**HOME PHYSICAL THERAPY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51.

**Decision rationale:** MTUS Guidelines would not support the role of home health physical therapy as the need for operative intervention has not been established. Therefore the request is not medically necessary.

**XERALTO 10MG, FOR 10 DAYS:** 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) OFFICIAL DISABILITY GUIDELINES TREATMENT IN WORKER'S COMP , 18TH EDITION, 2013 UPDATES: KNEE PROCEUDRE - VENOUS THROMBOSIS

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) OFFICIAL DISABILITY GUIDELINES TREATMENT IN WORKER'S COMP , 18TH EDITION, 2013 UPDATES: KNEE PROCEUDRE - VENOUS THROMBOSIS

**Decision rationale:** MTUS Guidelines are silent; however Official Disability Guidelines would not support a medical necessity for the Xarelto which is a medication to help prevent deep venous thrombosis. In this case the need for operative intervention has not been established and thus there would not be a need for the Xarelto. Therefore the request is not medically necessary.

**CELEBRAX 200MG DAILY, FOR 30 DAYS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

**Decision rationale:** MTUS Guidelines would not support current use of medication as the need for operative intervention in this case has not been established. Therefore the request is not medically necessary.

**PERCOCET 5/325MG, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS  
Page(s): 76-80.

**Decision rationale:** MTUS Guidelines would not support current use of medication as the need for operative intervention in this case has not been established. Therefore the request is not medically necessary.