

Case Number:	CM13-0025651		
Date Assigned:	11/20/2013	Date of Injury:	04/03/2010
Decision Date:	01/29/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/16/2013

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 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.

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 the case of a 59-year-old who required left total knee arthroplasty on 04/22/13. Unfortunately, the subjective response to the treatment has been poor. Recent physical examinations revealed diminished range of motion and an antalgic gait. The records contain quite worrisome findings of arthrofibrosis. This individual lacks 25 degrees of terminal extension and flexes an additional 30 degrees to a total of 55 degrees. These recordings appear from August of 2013. Physical therapy has failed to provide acceptable motion in this case, and indeed, the physical therapy notes reflect very poor range of motion as well. Due to denial of total knee revision, an independent review was indeed requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the National Guideline Clearinghouse, Total Knee Replacement.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG) Official Disability Guidelines, Treatment in Worker's Comp 18th edition, 2013 Updates, chapter knee.

Decision rationale: I would disagree with the denial of surgery and recommend that revision total knee arthroplasty for excision of scar tissue, possible revision of polyethylene components

would be considered reasonable and necessary. This is indeed the traditional treatment for arthrofibrosis when conservative measures have failed.

Post op 3 day stay: 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 Guidelines, Knee Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Revise Knee Replacement (81.55 - Revision of knee replacement, not otherwise specified).

Decision rationale: A three day length of stay would be anticipated following the scar excision with or without polyethylene revision.

Pre op EKG: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines, Treatment in Worker's Comp 18th edition, 2013 Updates, chapter low back.

Decision rationale: A preoperative EKG is needed in this age group prior to the administration of general anesthesia for significant procedures such as planned in this case. The preoperative EKG should be deemed medically necessary.

Protime and INR monitoring by home health 1 times 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: Postoperative anticoagulation will be needed after this revision surgery. The choice of anticoagulant is a surgeon specific and patient specific choice. If indeed Coumadin is to be used for this patient, a PT and INR will be needed postoperatively. However, the need for this in the home setting is unclear. There are no identified comorbidities which should render this individual homebound after the revision procedure. The request is not medically necessary.

In-home post op physical therapy 2 times 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 51.

Decision rationale: As outlined above, the revision surgery should be deemed medically necessary. Postoperative physical therapy will be needed. However, there are no identified comorbidities to suggest that this individual would be homebound after the procedure. As such, physical therapy should be considered in the outpatient setting where the therapist and the patient have access to more equipment for aggressive therapy, particularly after a revision for a poor motion.

Cold therapy unit: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Worker's Comp 18th edition, 2013 Updates, chapter knee.

Decision rationale: Given that the procedure outline above can be deemed medically necessary, the evidence based guidelines would support the seven day rental of a cold therapy unit in the postoperative interval.

Walker: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare National Coverage Determinations Manual.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines, Treatment in Worker's Comp 18th edition, 2013 Updates, chapter foot and ankle.

Decision rationale: A walker will be needed for at least a few weeks following revision arthroplasty. This is a traditional piece of durable medical equipment needed in the surgical setting. It should be deemed medically necessary based on the procedure recommended for approval as outlined above

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 Medicare National Coverage Determinations Manual.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Worker's Comp 18th edition, 2013 Updates, chapter knee.

Decision rationale: The commode is durable medical equipment and is recommended as medically necessary

Additional Post op Physical therapy 3 times 4: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Postoperative physical therapy is absolutely imperative in the management of a patient who has undergone surgical care for arthrofibrosis. The additional 12 visits of outpatient therapy should be deemed medically necessary in the management of the procedure outlined in item one above.