

<b>Case Number:</b>	CM13-0031064		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	12/22/2003
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	09/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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. 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 61-year-old male who reported a right knee injury as a result of a work related accident that occurred on 12/22/03. The clinical records provided for review include a recent progress assessment of 08/28/13 with [REDACTED] indicating a diagnosis of posttraumatic right knee arthrosis, status post prior left knee replacement procedure. It was documented that the claimant had a long history of posttraumatic arthritis to the knee and that he had done well after undergoing a left total knee replacement in October of 2012. At the time of the visit he presented with right knee pain worse with ambulation, and that the symptoms persisted despite care including medications, activity modification, injection therapy, and acupuncture. On exam there was antalgic gait, tenderness to the medial and lateral joint lines, restricted motion from 0 to 120 degrees with mild quadriceps atrophy. Radiographs of the right knee demonstrate tricompartmental degenerative change with lateral tibial subluxation and sclerocystic changes. The plan at that time was for surgical intervention in the form of knee arthroplasty for further definitive management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee replacement:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: Knee Procedure- Knee Joint Replacement.

**Decision rationale:** The ACOEM Guidelines state "Referral for surgical consultation may be indicated for patients who have: Activity limitation for more than one month; and failure of exercise programs to increase range of motion and strength of the musculature around the knee." In this case there is documentation of right knee tricompartmental degenerative arthrosis, significant failed conservative care including injection therapy, and a calculated BMI of 31.2. Taking all of these things into account, the surgical request for right total knee replacement is supported on the basis of the ACOEM and Official Disability Guidelines. The request for right knee replacement is medically necessary and appropriate.

**Internal medicine consultation for preoperative medical clearance/pre-operative consult:** Overturned

**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 ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 section on Independent Medical Examinations and Consultations page 127.

**Decision rationale:** The ACOEM Guidelines state "A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." Based on the ACOEM Guidelines, a preoperative assessment and internal medicine consultation would appear warranted. The claimant is to undergo total joint arthroplasty for which preoperative assessment would be supported given the nature of the surgical process in question. The request for internal medicine consultation for preoperative medical clearance/pre-operative consult is medically necessary and appropriate.

**Laboratory studies to include Complete Blood Count, Myelin Basic Protein, Prothrombin Time/ Partial Thromboplastin Time Testing:** 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 ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 section on Independent Medical Examinations and Consultations page 127, and the Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: Low Back Procedure section on preoperat

**Decision rationale:** The ACOEM Guidelines state, "A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." The Official Disability Guidelines state "Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants." In this case there is no indication of specific risk factors or documentation of conditions that would warrant all of the requested preoperative laboratory testing. The request for Laboratory studies to include Complete Blood Count, Myelin Basic Protein, Prothrombin Time/ Partial Thromboplastin Time Testing is not medically necessary and appropriate.

### **Surgical Assistant Knee Surgery: Overturned**

**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 Milliman Care Guidelines 17th Edition: Assistant Surgeon Guidelines.

**Decision rationale:** Based on Milliman Care Guidelines as California MTUS Guidelines are silent, the role of an assistant surgeon for knee replacement procedure is supported by guideline criteria. The request for a surgical assistant for knee surgery is medically necessary and appropriate.

### **3 day inpatient hospital stay and discharge: Overturned**

**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 Treatment in Worker's Comp, 18th Edition, 2013 Updates: Knee Procedure

**Decision rationale:** California MTUS Guidelines are silent. When looking at the Official Disability Guidelines criteria, a three day inpatient length of stay is supported. The Guidelines' criteria outline that the best practice target with respect to inpatient stay for this procedure is three days and as such this would be considered medically necessary. Since the 3 day inpatient stay is approved, a discharge is also medically necessary. The request for a 3 inpatient hospital stay and discharge is medically necessary and appropriate.

### **Hot/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 Treatment in Worker's Comp, 18th Edition, 2013 Updates: Knee Procedure

**Decision rationale:** California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, the role of a combination therapy device to include a heat/cold therapy unit would not be supported. Randomized clinical trialing does not support the role of combination therapy devices in the postoperative setting. The role of the request thus would not be supported following the proposed knee replacement procedure in question. The request for a hot/cold therapy unit is not medically necessary and appropriate.

**cane:** Overturned

**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): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: Knee Procedure- Knee Joint Replacement

**Decision rationale:** ACOEM Guidelines state "The knee disorders under discussion almost always can bear weight, as tolerated. For example, treatment could include a partial weight-bearing gait using crutches with the affected leg on the floor and with the weight distributed between crutches and leg by adjusting the amount of force applied with arms on the crutches." The Official Disability Guidelines recommend the use of walking devices and aides to help aide in the recovery of lower extremity procedures. The request for a cane is medically necessary and appropriate.

**Inpatient physical therapy 1-2 visits for gait training:** 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 the MTUS Postsurgical Guidelines, two sessions of physical therapy would be supported. Guideline criteria would recommend the role of up to 24 sessions of physical therapy in the postoperative setting. The request for inpatient physical therapy 1-2 visits for gait training is medically necessary and appropriate.

**Home physical therapy 9 visits (2-3x a week for 2 weeks) for gait training, range of motion, strengthening immediately post-op:** 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 the MTUS Postsurgical Guidelines, nine sessions of home care therapy would also be supported. Guideline criteria recommends up to 24 sessions over a ten week time period. The request for home physical therapy 9 visits for gait training, range of motion, strengthening immediately post-op is medically necessary and appropriate.

**Outpatient physical therapy 12 visits for Range of Motion, strengthening, condition of right lower extremity to begin 3 weeks post op: 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.

**Decision rationale:** Guidelines for initial postoperative treatment only allow for one half of the total allotted for the surgical procedure in question. In this case one half of the allotted treatment, 12 visits, was requested and recommended as medically necessary to be provided in the home environment. Further outpatient therapy would exceed the Guidelines' recommendation. The request for outpatient physical therapy 12 visits for Range of Motion, strengthening, condition of right lower extremity to begin 3 weeks post op is not medically necessary and appropriate.