MAXIMUS Federal Services

Case Number:	CM13-0040306		
Date Assigned:	04/25/2014	Date of Injury:	04/07/1992
Decision Date:	06/10/2014	UR Denial Date:	10/13/2013
Priority:	Standard	Application Received:	10/29/2013

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 Texas. 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:

The injured worker reported a date of injury of 04/07/1992. The mechanism of injury is not described. The most recent progress note submitted for review is dated 08/29/13, and indicates that the injured worker presented with bilateral knee pain; limited walk; can't run 100 feet; trying to swim and use elliptical for exercise. The injured worker experiences low back pain with paresthesias of the feet. Medications were listed as Motrin 800mg. objective findings on this date noted no warmth or erythema of the bilateral knees; positive crepitus; tender medially bilaterally. MRI of the right knee dated 05/13/13 revealed scarring in the anterior soft tissues indicative of prior surgery but no surgical report is provided; marked truncation of the body and posterior horn of the medial meniscus consistent with prior partial medial meniscectomy, extrusion of the residual anterior horn of the medial meniscus; degenerative tearing of the anterior root ligament of the lateral meniscus but intrinsically the lateral meniscus appears normal; tricompartmental osteoarthritis, worse in the medial femorotibial compartment where there is widespread complete cartilage loss with subjacent bone marrow edema; moderate sized joint effusion; large popliteal cyst with retrofemoral leakage of fluid. Treatment to date is noted to include physical therapy, home exercise program, activity modification, and medications. The injured worker declines any type of injections. Per utilization review determination dated 10/13/13, a request for right total knee replacement with a 3-day inpatient stay, assistant surgeon, pre-op medical clearance, post-op therapy, post-op Durable Medical Equipment (DME), skilled nursing facility, and medications was non-certified, noting that there is no documentation of additional objective findings and additional conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT TOTAL KNEE REPLACEMENT WITH A 3 DAY IN PATIENT 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), Surgery -- Knee Arthroplasty, Knee And Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter Online Version, Knee Joint replacement.

Decision rationale: The injured worker reportedly was injured in 1992. He complains of bilateral knee pain. It appears that the injured worker has had previous right knee surgery, but no surgical report was provided with documentation of multi-compartment osteoarthritis (OA). No standing x-rays of the right knee were provided with evidence of osteoarthritis (OA). There is no documentation of recent conservative care, and the injured worker has not had viscosupplementation as he declines any type of injection. No detailed physical examination was submitted for review with evidence of limited range of motion (less than 90 degrees for total knee replacement TKR). There was no indication of nighttime joint pain, and no documentation of functional limitations demonstrating necessity of the intervention. As such, the injured worker does not meet criteria for total knee arthroplasty. Therefore, the request for right total knee replacement with a 3 day in patient stay is not medically necessary and appropriate.

POST OP HOME THERAPY X 3 (FIRST WEEK POST OP): Upheld

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

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

Decision rationale: Current evidence-based guidelines provide that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis. Therefore, the request for post op therapy x 3 (first week post op) is not medically necessary and appropriate.

POST OP PHYSICAL THERAPY 3 X'S 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10.

Decision rationale: The injured worker complains of ongoing bilateral knee pain. He apparently has a history of prior surgery, but no operative report was submitted for review. He has been

recommended for right total knee arthroplasty, but the records submitted do not establish medical necessity for surgical intervention. Therefore, the request for post op physical therapy 3 x's 4 is not medically necessary and appropriate.

POST OP DME - CPM RENTAL 3 WEEKS: 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 Chapter.

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

Decision rationale: The injured worker complains of ongoing bilateral knee pain. He apparently has a history of prior surgery, but no operative report was submitted for review. He has been recommended for right total knee arthroplasty, but the records submitted do not establish medical necessity for surgical intervention. Therefore, the request for post op DME - CPM rental 3 weeks is not medically necessary and appropriate.

POST OP DME - COLD THERAPY UNIT: 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 Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Continuous-flow cryotherapy.

Decision rationale: The injured worker complains of ongoing bilateral knee pain. He apparently has a history of prior surgery, but no operative report was submitted for review. He has been recommended for right total knee arthroplasty, but the records submitted do not establish medical necessity for surgical intervention. Therefore, the request for post op DME - cold therapy unit is not medically necessary and appropriate.

POST OP DME - 3 IN 1 COMMODE: Upheld

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 Medicare National Coverage Determinations Manual.

Decision rationale: The injured worker complains of ongoing bilateral knee pain. He apparently has a history of prior surgery, but no operative report was submitted for review. He has been recommended for right total knee arthroplasty, but the records submitted do not establish medical necessity for surgical intervention. Therefore, the request for post op DME - 3 in 1 commode is not medically necessary and appropriate.

POST OP DME - WALKER: Upheld

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 (ODG), Knee, Walking aids (canes, crutches, braces, orthoses & walkers).

Decision rationale: The injured worker complains of ongoing bilateral knee pain. He apparently has a history of prior surgery, but no operative report was submitted for review. He has been recommended for right total knee arthroplasty, but the records submitted do not establish medical necessity for surgical intervention. Therefore, the request for post op DME - walker is not medically necessary and appropriate.

POST OP DME - SHOWER BENCH: Upheld

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 Medicare National Coverage Determinations Manual.

Decision rationale: The injured worker complains of ongoing bilateral knee pain. He apparently has a history of prior surgery, but no operative report was submitted for review. He has been recommended for right total knee arthroplasty, but the records submitted do not establish medical necessity for surgical intervention. Therefore, the rquest for post op DME - shower bench is not medically necessary and appropriate.

SKILLED NURSING FACILITY X'S 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), Knee And Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Skilled Nursing Facility LOS (SNF).

Decision rationale: The injured worker complains of ongoing bilateral knee pain. He apparently has a history of prior surgery, but no operative report was submitted for review. He has been recommended for right total knee arthroplasty, but the records submitted do not establish medical necessity for surgical intervention. Therefore, the request for skilled nursing facility x's 10 days is not medically necessary and appropriate.

LOVENOX 40MG #10: 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 chapter, Deep Venous Thrombosis.

Decision rationale: The request for Lovenox 40 mg #10 is not supported as medically necessary. This request is predicated on the approval of surgery which has been non-certified. Therefore, the request for lovenox 40mg #10 is not medically necessary and appropriate.

RN FOR LOVENOX EDUCATION: 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 chapter, Deep Venous Thrombosis.

Decision rationale: The request for a RN for Lovenox education is not medically necessary. This request is predicated on the performance of a total knee arthroplasty. As this surgery has been non-certified the request is not medically necessary and appropriate.

MUPIROCIN 2% 22 GRAM OINTMENT TUBE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference.

Decision rationale: The request for Mupirocin 2% 22 grams is not medically necessary. This request was predicated on the performance of surgery. As the surgical request has been denied the request for antibiotic ointment is not medically necessary and appropriate.

PRE OP MEDICAL CLEARANCE: 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), Preoperative Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee.

Decision rationale: The injured worker complains of ongoing bilateral knee pain. He apparently has a history of prior surgery, but no operative report was submitted for review. He has been recommended for right total knee arthroplasty, but the records submitted do not establish medical necessity for surgical intervention. Therefore, the request for pre op medical clearance is not medically necessary and appropriate.

ASSISTANT SURGEON: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Practice Standard Of Care.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians as Assistants at Surgery: 2011 Study.

Decision rationale: The injured worker complains of ongoing bilateral knee pain. He apparently has a history of prior surgery, but no operative report was submitted for review. He has been recommended for right total knee arthroplasty, but the records submitted do not establish medical necessity for surgical intervention. Therefore, the request for assistance surgeon is not medically necessary and appropriate.