

<b>Case Number:</b>	CM13-0042316		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/19/2003
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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:

This 52-year-old claimant sustained a left knee injury on 03/19/03. Records provided documented that the claimant was treated most recently for left knee arthritis. X-rays were obtained, which demonstrated tricompartmental arthritis. She has been treated conservatively with medications, bracing, therapy, a home exercise program and viscosupplementation injections. At the most recent visit of 10/09/13, a total left knee arthroplasty was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Total Knee Replacement Arthroplasty, Left Knee, with Assistant Surgeon and 3 days inpatient 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), Treatment Index, 11th Edition (web), 2013, Knee and Leg--Knee joint replacement

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

**Decision rationale:** A left total knee arthroplasty would not be considered medically appropriate in this case based upon the records provided and the Official Disability Guidelines. CA MTUS

ACOEM Guidelines do not address this issue. This case seems to meet Official Disability Guidelines well with the exception of the body mass index. In this case, this claimant's body mass index is 36.9. Official Disability Guidelines specifically state that body mass index must be less than 35 to consider total knee replacement surgery as an increased BMI poses an elevated risk for postop complications. Therefore, left total knee arthroplasty, the inpatient stay and assistant surgeon cannot be certified in this case.

**Physical Therapy Post Op x 12, Left Knee: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** As surgery has not been certified in this case, postoperative physical therapy, also cannot be certified

**Lovenox 40mg, #10: 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), Treatment Index, 11th Edition (web), 2013, Knee and Leg--Knee joint replacement; 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) Knee Chapter; venous thrombosis.

**Decision rationale:** As surgery has not been certified in this case, postoperative Lovenox also cannot be certified

**Postoperative Home Physical Therapy 3 x 1: Upheld**

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

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

**Decision rationale:** As surgery has not been certified in this case, home physical also cannot be certified.

**Postoperative CPM Rental x 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),

Treatment Index, 11th Edition (web), 2013, Knee and Leg--Knee joint replacement; Continuous passive motion (CPM).

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

**Decision rationale:** As surgery has not been certified in this case, postop CPM rental also cannot be certified.

**Postoperative Polar Care (purchase or rental):** 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), Treatment Index, 11th Edition (web), 2013, Knee and Leg--Knee joint replacement; Continuous-flow cryotherapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter knee: Polar Care unit.

**Decision rationale:** As surgery has not been certified in this case, postop polar care unit also cannot be certified.

**Postoperative 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 Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Knee and Leg--Knee joint replacement; Durable medical equipment (DME).

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

**Decision rationale:** As surgery has not been certified in this case, 3 in 1 commode also cannot be certified.

**Postoperative Walker:** 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), Treatment Index, 11th Edition (web), 2013, Knee and Leg--Knee joint replacement; Durable medical equipment (DME).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter knee: walking aids.

**Decision rationale:** As surgery has not been certified in this case, the walker also cannot be certified.

**Postoperative Shower Bench:** 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), Treatment Index, 11th Edition (web), 2013, Knee and Leg--Knee joint replacement; Durable medical equipment (DME).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter knee; Durable medical equipment (DME) postop shower bench

**Decision rationale:** As surgery has not been certified in this case, the postop shower bench also cannot be certified

**Preoperative Medical Clearance: CBC, Chem 6, Chest X-ray and EKG:** 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), Treatment Index, 11th Edition (web), 2013, Knee and Leg--Knee joint replacement.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter low back: Preop testing.

**Decision rationale:** In light of the fact the proposed surgery cannot be recommended, the request for preop testing also would not be recommended.