

<b>Case Number:</b>	CM13-0047594		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/08/2008
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee, who has filed a claim for bilateral knee and shoulder pain reportedly associated with an industrial injury of October 23, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; prior left knee total knee arthroplasty on July 17, 2013; transfer of care to and from various providers in various specialties; extensive periods of time off of work, on total temporary disability; and a cane. In a Utilization Review Report of October 23, 2013, the claims administrator denied a request for total knee replacement, assistant surgeon, walker, medications, continuous passive motion device, and postoperative physical therapy. The applicant's attorney subsequently appealed. The claims administrator's denial was apparently based on lack of supporting documentation. In a note of July 2, 2013, it is stated that the applicant carries a diagnosis of left knee arthritis. The applicant has apparently lost weight and now wants to proceed with knee surgery, it is stated. The applicant weighs 216 pounds. An earlier note of August 13, 2012 is notable for comments that the applicant had had bilateral knee x-rays demonstrating arthritic changes with medial compartmental cartilage interval of 2 mm. The applicant was given diagnosis of industrial aggravation of underlying degenerative joint disease sustained as a result of contusion injuries. An earlier note of August 20, 2010 is notable for comments the applicant stood 5 feet 2 inches tall and weighed 256 pounds as of that point in time. A January 30, 2013, medical legal evaluation is notable for comments that the applicant has severe tricompartmental arthritis in each knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient right total knee replacement at Sharp Memorial, with an assistant surgeon:** 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.

**Decision rationale:** The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines, however, knee arthroplasty is strongly recommended for severe arthritides. An applicant should have all of the following issues present: Severe knee degenerative joint disease that is unresponsive to conservative treatment, sufficient symptoms and functional limitations, and failure to successfully manage symptoms after a prolonged period of conservative management including NSAIDs, exercise, physical therapy, weight reduction, etc. In this case, the applicant has apparently tried and failed to manage her symptoms conservatively. She lost 40 pounds but still has significant knee symptoms. She has radiographically confirmed knee arthritis evident. She is off of work, on total temporary disability. She is, thus, for all of the stated reasons, an appropriate candidate for a total knee arthroplasty. Therefore, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.

**Purchase of one walker:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, conventional walkers are recommended to ameliorate functional mobility deficits. In this case, the applicant has some visible gait derangement requiring usage of a cane. She will, however, likely be a good candidate to use a walker postoperatively. Therefore, the request is certified. It is noted that the request and case are, strictly speaking, postoperative cases, as opposed to chronic pain cases. Nevertheless, MTUS 9792.23.b.2 states that the postsurgical treatment guidelines in section 9792.24.3 shall apply together with any other applicable treatment guidelines found in the MTUS. In this case, since page 99 of the MTUS Chronic Pain Medical Treatment Guidelines touches on this topic, it is selected, although this is, strictly speaking, a postoperative case. For all of these reasons, then, the request is certified.

**Lovenox 30mg injections #28:** 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 <http://reference.medscape.com/drug/lovenox-enoxaparin-342174>

**Decision rationale:** Again, the MTUS does not address the topic. As noted by Medscape, enoxaparin or Lovenox is indicated for deep venous thrombosis prophylaxis in those individuals, who undergo various surgeries, including a knee or hip replacement surgery, abdominal surgery, and/or other individuals with restricted mobility. Typically, the duration of knee or hip replacement of Lovenox administration is 7 to 10 days. Up to 14 days are endorsed in certain populations. In this case, it appears that the attending provider is requesting a 14-day course of perioperative Lovenox. This is indicated and consistent with Medscape. Therefore, the request is certified.

**Oxycodone 5mg #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

**Decision rationale:** As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 3, opioid should be used only if needed for severe pain and only for a short amount of time. In this case, the 60 tablet course being suggested by the attending provider does represent a short course for postoperative purposes for a short amount of time. This is indicated. Therefore, the request is certified. Again, as with the previous citations, MTUS 9792.23.B.2 does support usage of treatment guidelines found anywhere within the MTUS during the post surgical window. Therefore, the MTUS-Adopted ACOEM Guidelines in Chapter 3 were selected here. The request is certified.

**Oxycontin 10mg #20:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

**Decision rationale:** Again, the MTUS-Adopted ACOEM Guidelines in Chapter 3 do support usage of opioids if needed for severe pain and for a short amount of time. In this case, the applicant will likely have pain control issues following a total knee replacement. Provision of postoperative OxyContin is indicated and appropriate in this context. Therefore, the request is certified.

**Rental of cold unit therapy for 14 days:** 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.

**Decision rationale:** Again, the MTUS does not address the topic of cryotherapy following knee surgery. The Third Edition ACOEM Guidelines do support cryotherapy for select treatment of knee arthroplasty or surgical patients. ACOEM states that pain relief with cold therapy should be provided for first several postoperative days with "duration commensurate with extent of surgery." Thus, ACOEM does not specifically endorse any one duration for cryotherapy. The ODG knee chapter continuous flow cryotherapy topic supports seven days of postoperative use, it is incidentally noted. Nevertheless, since conditional or partial certifications are not possible through the Independent Medical Review process, the request must be either wholly certified or wholly not certified. On balance, providing some cryotherapy postoperatively is beneficial to providing no cryotherapy postoperatively, particularly in light of the fact that ACOEM does not recommend an optimal duration. For all of these reasons, then, the request is certified as written.

**Rental of continuous-passive motion device for 14 days:** Upheld

**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.

**Decision rationale:** Again, the MTUS does not address the topic. As noted in the Third Edition ACOEM guidelines, continuous passive motion is not recommended for knee arthroplasty patients routinely. While it is considered useful for select, substantially inactive individuals postoperatively, in this case, there is little or no narrative documentation attached to request for authorization. It is not clearly stated that the claimant is an immobile individual who would be unable to participate in conventional physical therapy and/or home exercises postoperatively. If anything, the information on file suggests that the claimant was apparently successful in losing 40 pounds, implying that she is quite active. For all of these reasons, then, no compelling case has been made for usage of continuous passive motion postoperatively. Therefore, the request is not certified.

**Post-operative physical therapy 12 sessions:** 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:** As noted in MTUS 9792.24.3, a general course of treatment following a total knee arthroplasty has been deemed 24 sessions. MTUS 9792.24.3.A.2 suggest providing an initial course of therapy, which is one half of general course of therapy. In this case, one half of

24 sessions is 12 sessions. The request is therefore indicated and is, accordingly, certified as written.