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| <b>Case Number:</b>   | CM13-0055019 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 03/11/2010 |
| <b>Decision Date:</b> | 03/26/2014   | <b>UR Denial Date:</b>       | 11/08/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/20/2013 |

### 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 patient is a 57-year-old female who reported injury on 03/11/2010. The mechanism of injury was noted to be a slip and fall. The patient's diagnoses were noted to include right patellofemoral osteoarthritis and diabetes. The patient was noted to have an x-ray demonstrating bone on bone in the patellofemoral joints bilaterally. The most recent clinical documentation indicated the patient had swelling and knee pain. The patient was noted to have a previous lateral retinacular release. The patient was noted to be treated with home exercises, medications, ice and a cortisone injection. Per the most recent documentation, the patient was complaining severe anterior right knee pain, which was progressively worsening. The pain was noted to be aggravated by climbing, squatting, kneeling and walking. The patient upon physical examination had a small effusion, 4+/5 quadriceps strength and range of motion of 0 to 125 degrees. There was patellar crepitus and tenderness of the medial and lateral patellar facets. The patellar compression test was positive. The motor and sensory examinations were normal. The physician opined the patient had failed home exercises, anti-inflammatory medications and cortisone injections. The request was made for an assistant surgeon, a 3 day inpatient stay and a right knee total arthroplasty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**right total knee arthroplasty: 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 Indications for Surgery--Knee Arthroplasty.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Knee Joint Replacement.

**Decision rationale:** ACOEM Guidelines indicate that a surgical consultation is appropriate for patients who have activity limitation for more than 1 month and failure of exercise program to increase range of motion and strength of the musculature around the knee. However, they do not specifically address a total knee arthroplasty. As such, secondary guidelines were sought. Official Disability Guidelines indicate the criteria for a knee joint replacement if only one compartment is affected a unicompartmental or partial replacement may be considered and if 2 or 3 of the compartments are affected a total joint replacement is indicated. There should be documentation of exercise therapy, medications and there should be limited range of motion less than 90 degrees for a total knee replacement and night time joint pain and no pain relief with conservative care and documentation of current functional limitations demonstrating a necessity for intervention. Plus the patient must be over 50 years of age and have a body mass index of less than 35 and the patient should have osteoarthritis on standing x-rays. Clinical documentation submitted for review failed to provide whether the findings were unicompartmental or multicompartmental. The patient was noted to have failed exercise therapy and medications and to be over 50 years of age. There was a lack of documentation indicating the patient had a limited range of motion of less than 90 degrees as the patient's range of motion was noted to be 0 to 135 degrees. Additionally, there was a lack of documentation indicating the patient had night time joint pain, no pain relief with conservative care, current functional limitations and there was a lack of documentation indicating the patient's body mass index of less than 35 as 1 of her diagnoses were noted to be obesity. Given the above and the lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations, the request for a right total knee arthroplasty is not medically necessary.

**3 day 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), Knee & 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 & Leg Chapter, Hospital Length of Stay

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**assistant surgeon:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**preoperative labs:** 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 cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**8 visits by a home health registered nurse for blood draws and wound checks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Claims Administrator based its decision on Donaghy B, Writght AJ, New home care choices for children with special needs. Caring. 1993; 12(12): 47-50

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**8 post-surgical home physical therapy sessions:** 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) Low Back Chapter, Home Health Services.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**walker:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**shower bench:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**commode:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**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 and Leg Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.