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| Case Number: | CM13-0061800 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 08/02/2011 |
| Decision Date: | 05/05/2014 | UR Denial Date: | 11/14/2013 |
| Priority: | Standard | Application Received: | 12/05/2013 |

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for knee arthritis associated with an industrial injury sustained on August 2, 2011. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, and the imposition of permanent work restrictions. An October 17, 2013 progress note is notable for comments that the applicant has had extensive conservative treatment, has advanced arthritis, and has failed Synvisc injections. The applicant exhibits an antalgic gait. X-rays of the right and left knee apparently demonstrates severe bone-on-bone degenerative joint disease. Authorization is sought for right total knee arthroplasty with derivative service such as consultation with an internist, knee immobilizer, hospital stay, etc. The applicant's case and care have been complicated by comorbid hypertension and diabetes, it is noted. Prescription for Norco is renewed. It is noted that the applicant is obese and is having difficulty walking for greater than one block.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT TOTAL KNEE ARTHROPLASTY WITH SURGICAL ASSISTANT AND HOSPITAL STAY FOR THREE DAY: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Knee Chapter, Knee Pain and Osteoarthritis section; and the Official Disability Guidelines.

Decision rationale: As noted in the Third Edition ACOEM Guidelines, total knee arthroplasty is strongly recommended for severe knee arthritis, particularly in those applicants who have failed to successfully manage symptoms after a prolonged period of conservative care including NSAIDs, exercise, physical therapy, weight reduction, Synvisc injections, etc. In this case, the applicant has in fact tried, failed, and exhausted lesser levels of care, including time, medications, physical therapy, steroid injections, Synvisc injections, etc. as acknowledged both by the attending provider and the claims administrator. The applicant does have clinically evident, radiographically confirmed, reportedly severe bone-on-bone degenerative joint disease of the bilateral knees. A total knee arthroplasty is indicated and appropriate to try and ameliorate the same. Therefore, the total knee arthroplasty component of the request is certified. As noted in the Official Disability Guidelines, the best practiced target for hospitalization following a total knee arthroplasty is three days. Thus, the three-day stay sought by the attending provider does conform to ODG parameters. The request in total is certified.

A CONTINUOUS PASSIVE MOTION DEVICE AND COLD THERAPY DEVICE:
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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition Postoperative Rehabilitation section

Decision rationale: As suggested by the attending provider, these are intended for postoperative use purposes. The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines, continuous passive motion (CPM) devices are not routinely recommended for arthroplasty patients, but may be useful for select, substantially physically and active applicants postoperative. In this case, the applicant is obese, can only walk up to one block, has comorbid hypertension and diabetes, and is described as having considerable difficulty moving about. Provision of continuous passive motion may be indicated and appropriate, given the applicant's numerous comorbidities. Therefore, the continuous passive motion (CPM) portion of the request is certified, on Independent Medical Review. As noted in the Third Edition ACOEM Guidelines, cryotherapy is recommended for the first several days postoperatively following total knee arthroplasty procedure. In this case, a total knee arthroplasty has been approved. Postoperative provision of cryotherapy is indicated and appropriate. Therefore, the request is certified.

PREOPERATIVE MEDICAL CLEARANCE AND IN-HOSPITAL CONSULTATION WITH A HOSPITALIST OR INTERNIST: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape, Preoperative Evaluation and Management article

Decision rationale: The MTUS does not address the topic. However, as noted by Medscape, the additional time invested in preoperative evaluation does yield an improved physician-applicant relationship and may reduce surgical complications. In this case, the applicant has numerous medical issues, including diabetes, hypertension, morbid obesity, etc. Obtaining the added expertise of an internist or hospitalist to quantify the applicant's degree of perioperative risk is indicated and appropriate. Therefore, the request is certified.

A FRONT-WHEELED WALKER, 3-IN-1 COMMODOE, AND KNEE IMMOBILIZER:
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): 346, Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, walkers, canes, and/or crutches can be employed to ameliorate functional mobility deficits. In this case, the applicant will likely have issues with diminished mobility postoperatively, following the total knee arthroplasty which has been certified above. Postoperative provision of a walker is indicated and appropriate to ameliorate the applicant's mobility issues postoperatively. Similarly, the proposed commode is also medically necessary, medically appropriate, and indicated here. As noted in the Official Disability Guidelines, toilet items such as a 3-in-1 commode are medically necessary if an applicant is bed or room confined. In this case, the applicant will likely have mobility issues postoperatively. Therefore, the commode is also indicated. Finally, the knee immobilizer may also be indicated for brief postoperative use. As noted in the ACOEM, a short period of immobilization is recommended after an acute injury to relieve symptoms. While the ACOEM does not support protracted or long-term usage of immobilization, in this case, the applicant is undergoing a total knee arthroplasty procedure. Provision of an immobilizer is indicated during the acute postoperative phase. It is further noted that all three requests have been coupled together. Therefore, the request is likewise certified.

SIX SESSIONS OF IN-HOME PHYSICAL THERAPY FOLLOWED BY 12 SESSIONS OF OUTPATIENT PHYSICAL THERAPY: 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: As noted in MTUS 9792.24.3.a2, an initial course of therapy is one half of the number of visits specified for the general course of therapy for the specified surgery. In this case, 24 sessions of treatment are endorsed following the total knee arthroplasty. One half of the number of visits would represent a total of 12 postoperative physical therapy visits. In this case, however, the attending provider has sought authorization for 18 sessions of postoperative physical therapy at the outset. This is not in line with the 12-session course recommended in MTUS 9792.24.3.a2. Therefore, the request is not certified as the Independent Medical Review process does not permit partial certifications