MAXIMUS Federal Services

Case Number:	CM14-0003044		
Date Assigned:	01/29/2014	Date of Injury:	02/23/2003
Decision Date:	10/14/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/08/2014

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 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 injured worker is a 50-year-old female with an injury to the right knee on 02/23/03. The medical records provided for review document that the injured worker subsequently underwent right total knee arthroplasty. The Utilization Review determination dated 01/02/2014 authorized the request for revision of the right total knee arthroplasty. Records for review failed to identify any evidence of underlying comorbidities or physical examination findings related to the injured worker pulmonary examination. There are no other clinical records pertinent to the specific postoperative and perioperative requests in this case. This review is for perioperative requests in direct relationship to the revision right total knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

INPATIENT ONE NIGHT PRIOR TO SURGERY FOR PULMONARY TREATMENT: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Comp, 18th Edition, 2013 Updates: Hospital length of stay (LOS)

Decision rationale: This injured worker's pulmonary issues are ill-defined with no documented physical examination findings or direct clinical indication as to why a preoperative overnight admission would need to take place. The injured worker's surgical process could be viewed as elective in terms of when it would need to occur. Any pulmonary issue this injured worker has should be addressed prior to the hospital admission. As such, the request is not medically necessary.

POST-OP DURABLE MEDICAL EQUIPMENT: HIGH QUALITY KNEE CPM TIMES FOUR TO SIX 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Comp, 18th Edition, 2013 Updates: Continuous passive motion (CPM)

Decision rationale: Based on the Official Disability Guidelines, a six-week rental of a CPM device would not be indicated. While the Official Disability Guidelines support the use of CPM following arthroplasty, it does so for up to 21 days including home use. There is currently no documentation in the medical records to determine why this injured worker would be an exception to the standard guideline treatment and require use of a CPM for six weeks as requested by treating provider. Therefore, the requested length of time for use exceeds the guideline criteria and is not medically necessary,

POST-OP DURABLE MEDICAL EQUIPMENT: ICE COOLER TIME FOUR TO SIX WEEKS: 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 Page(s): 337-339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Comp, 18th Edition, 2013 Updates: Continuous-flow cryotherapy

Decision rationale: Based on California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for six-week use of a cryotherapy device would not be indicated. The ACOEM Guidelines recommend the use of ice packs to control pain and swelling. The Official Disability Guidelines recommend the use of cryotherapy devices following knee surgery for up to seven days including home use. The request for six weeks of use of the above device in this case would exceed the Official Disability Guidelines and would not be indicated as medically necessary.

POST-OP DURABLE MEDICAL EQUIPMENT: MOTORIZE HOSPITAL BED WITH OVERHEAD TRAPEZE AND MOTORIZED ADJUSTMENTS FOR HOME USE TIME FOUR TO SIX 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Comp, 18th Edition, 2013 Updates:

Decision rationale: When looking at the Official Disability Guidelines, six-week use of a hospital bed with overhead trapeze would not be indicated for home use. While this individuals undergoing total joint arthroplasty there is nothing indicating the need for this special bed or documentation as to how the injured worker's current home situation would not support her from a mattress/bed standpoint. Use of hospital beds is typically not required following knee arthroplasty. Documentation of clinical records would fail to support the use of this perioperative request. As such, the request is not medically necessary.

PRE-OP DONATION OF TWO UNITS PACKED CELLS: 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 Other Medical Treatment Guideline or Medical Evidence: International Orthopaedics February 2014, Volume 38, Issue 2, pp 341-346

Decision rationale: When looking at the clinical journal review, the role of autologist blood donation in the setting of joint arthroplasty is typically not recommended without documentation of anemia or significant perioperative anemic risk. Clinical records failed to identify a history of anemia or current laboratory testing supportive of anemia. As such, the request is not medically necessary.

PRE-OP AQUATIC EXERCISES TWO TIMES A WEEK UNTIL SURGERY (SET FOR 1-14-14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines do not support the request for aquatic therapy two times a week until surgery. Presently there is no indication for the role of formal physical therapy prior to the surgical process in the form of arthroplasty. There is no documentation in the medical records to explain why a home exercise program alone would not be equally beneficial. The specific clinical request in direct relationship to the injured worker's preoperative treatment is not medically necessary.