

<b>Case Number:</b>	CM14-0102292		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	12/07/2005
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 claimant is a 55-year-old female who experienced an onset of knee complaints on December 7, 2005, when she was walking down a flight of stairs and missed the last step. The medical records provided for review included the clinical progress report of May 20, 2014, noting continued bilateral knee pain, crepitation, and difficulty with standing, standing, and going up and down steps. Physical examination findings on that date showed mild weakness of the right quadriceps when compared to the left; no other physical examination findings were documented. Reviewed on that date were radiographs of both the right and left knee showing patellofemoral arthrosis with no joint space narrowing or other documented findings. The diagnosis was "bilateral knee osteoarthritis" and it was documented that the claimant had failed conservative care consisting of 40+ sessions of physical therapy, Visco supplementation injections, work restrictions, bracing, and home exercises. The recommendation was made for total knee arthroplasty; the records did not specify which leg for the surgery. There was also a request for a three-day inpatient hospital stay, preoperative medical clearance, post operative medications, postoperative physical therapy, and home nursing care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Total Knee Replacement:** 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 (Acute & Chronic)

**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: knee procedure Knee joint replacement Recommended as indicated below. Total hip and total knee arthroplasties are well accepted as reliable and suitable surgical procedures to return patients to function. The most common diagnosis is osteoarthritis. Overall, total knee arthroplasties were found to be quite effective in terms of improvement in health-related quality-

**Decision rationale:** California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on the Official Disability Guidelines, the request for total knee arthroplasty cannot be supported. The medical records document that the claimant has continued complaints of bilateral knee pain, but there is only documentation of acute patellofemoral degenerative change on imaging. There is no indication of significant joint space narrowing or evidence of tricompartmental degenerative change on the radiographs to support total knee arthroplasty. The role of total knee arthroplasty in an individual with isolated patellofemoral degenerative change would currently not meet the Official Disability Guidelines that recommend significant loss of chondral clear space in at least one of the three compartments, with varus or valgus deformity or previous arthroscopy documenting advanced chondral erosion or exposed bone. Also, looking at the ODG Guidelines, there is no documentation of the claimant's body mass index or evidence of any recent physical examination findings. The need for total knee arthroplasty in this claimant cannot be supported.

**Inpatient Hospital Stay (3-days):** 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 (Acute & Chronic)

**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) Knee Replacement (81.54 - Total knee replacement) Actual data -- median 3 days; mean 3.4 days ( $\hat{A} \pm 0.0$ ); discharges 615,716; charges (mean) \$44,621 Best practice target (no complications) -- 3 days

**Decision rationale:** The request for total knee arthroplasty cannot be supported. Therefore, the request for an inpatient length of stay would also not be medically necessary.

**Pre-Operative Medical Clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 Edition; pages 92-93

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127

**Decision rationale:** The request for total knee arthroplasty cannot be supported. Therefore, the request for preoperative medical clearance is also not medically necessary.

**Lovenox 40mg:** 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 (Acute & Chronic)

**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: knee procedure Venous thrombosis Recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. Minor injuries in the leg are associated with greater risk of venous thrombosis. The relative risk for venous thrombosis is 3-fold greater following minor injury

**Decision rationale:** The request for total knee arthroplasty cannot be supported. Therefore, the request for use of lovenox is also not medically necessary.

**Post-Op Physical Therapy (12-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) Knee & Leg (Acute & Chronic)

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

**Decision rationale:** The request for total knee arthroplasty cannot be supported. Therefore, the request for physical therapy postoperatively is also not medically necessary.

**Post-Op Home Nursing and Physical Therapy (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) Knee & Leg (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51, Postsurgical Treatment Guidelines.

**Decision rationale:** The request for total knee arthroplasty cannot be supported. Therefore, the request for home care treatment for physical therapy is also not medically necessary.