

Case Number:	CM14-0014187		
Date Assigned:	02/26/2014	Date of Injury:	01/09/2008
Decision Date:	08/06/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/04/2014

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 Orthopaedic 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:

This 57-year-old female sustained an industrial injury on January 9, 2008. The injury occurred when she slipped and fell on her knees. She underwent right total knee arthroplasty in 2011, and left total knee arthroplasty on April 25, 2013. The November 20, 2013 right knee x-rays demonstrated no signs of loosening. There was evidence of slight mal-tracking and overhanging lateral patellar facets. A right knee triple phase bone scan was reported normal. C-reactive protein was 5.2. The January 3, 2014 treating physician report cited significant pain with regard to her right total knee. Right knee exam demonstrated some crepitus with range of motion, range of motion 0-120 degrees, antalgic gait pattern, and stable to varus/valgus stress. X-rays demonstrated possible mal-rotation of the components. The diagnosis was painful right total knee arthroplasty. The right knee was aspirated and lidocaine was injected with significant improvement. The treating physician opined pain from possible mal-rotation of the components, as well as extensor synovitis and scar tissue. A CT scan of the right knee was recommended. The patient was to at least undergo a right knee arthroscopic synovectomy and possible open debridement. The January 27, 2013 utilization review denied the request for knee surgery and associated services based on limited evidence for the efficacy of arthroscopic surgery following total knee replacement. There was no documentation of patellar clunk syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic Knee Surgery: Debridement and Shaving of Articular Cartilage (Chondroplasty): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Journal of Bone and Joint Surgery, "The Management of patients with painful total knee replacement," Toms, A.D., et al, February 2009, vol 91-B no. 2, page(s) 143-150.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Chondroplasty.

Decision rationale: The California MTUS Guidelines do not provide surgical recommendations for chronic knee conditions. The Official Disability Guidelines criteria for chondroplasty include evidence of conservative care (medication or physical therapy), plus joint pain and swelling, plus effusion or crepitus or limited range of motion, plus a chondral defect on MRI. Guideline criteria have been met. The patient presents with significant pain that has failed conservative treatment. Diagnostic test was positive. Objective findings documented crepitus and mild loss of range of motion. There is imaging evidence of overhanging patellar facets. Therefore, this request is medically necessary.

Arthroscopic Knee Surgery: Synovectomy, Limited (Eg, Plica or Shelf Resection) (Separate Procedure): 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 National Guidelines Clearinghouse: Klinger HM, Baums MH, Spahn G, Ernstberger T. A study of Effectiveness of Knee Arthroscopy after Knee Arthroplasty. Arthroscopy. 2005 Jun; 21(6): 731-8. Fehring TK. Rotational malalignment of the femoral component in Total Knee Arthroplasty. Clin Orthop Relat Res. 2000 Nov; (380): 72-9.

Decision rationale: The California MTUS Guidelines and the Official Disability Guidelines do not address the use of arthroscopic synovectomy following total knee arthroplasty. The National Guidelines Clearinghouse was referenced. Peer-reviewed literature supports the use of arthroscopic treatment of painful knee arthroplasty for patellar clunk syndrome. In general, rotational malalignment of the components generally results in revision arthroplasty. However, the combination of clinical and imaging findings evidences persistently symptomatic synovium and/or fibrous tissue with impingement. Therefore, the request is medically necessary.

Purchase of a Polar Care Unit: 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 Official Disability Guidelines (ODG) Knee and Leg, Continuous flow cryotherapy.

Decision rationale: The California MTUS Guidelines are silent regarding cold therapy units. The Official Disability Guidelines state that continuous-flow cryotherapy is an option for up to 7 days in the post-operative setting following knee surgery. Under consideration is a request for purchase of a Polar Care unit. Although the use of cold therapy during the post-operative period would be appropriate for this patient, there is no compelling reason to support the medical necessity of this request beyond the 7-day guideline recommendation. Therefore, this request is not medically necessary.

Rental of a Continuous Passive Motion (CPM) Machine for 21-Days: 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 Official Disability Guidelines (ODG) Knee and Leg, Continuous passive motion (CPM) machine.

Decision rationale: The California MTUS Guidelines do not provide recommendations for this device in chronic knee conditions. The Official Disability Guidelines support home use of continuous passive motion up to 17 days while the patients at risk of a stiff knee are immobile or unable to bear weight following a primary or revision total knee arthroplasty. This includes patients with complex regional pain syndrome, extensive arthrofibrosis or tendon fibrosis, or physical, mental, or behavioral inability to participate in active physical therapy. Guideline criteria have not been met. This patient is approved for an arthroscopic chondroplasty, synovectomy with history of total knee arthroplasty. There is no compelling reason to support the medical necessity of continuous passive motion in the absence of guideline support. Therefore, this request is not medically necessary.

Medical Clearance: 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 Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Guideline criteria have been met. Middle-aged females have known occult increased medical/cardiac risk factors that

would support the medical necessity of medical clearance. Therefore, this request is medically necessary.

Pre-Op: 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 Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation.

Decision rationale: This is a non-specific request. The California MTUS guidelines do not address pre-operative services or testing. Evidence based medical guidelines generally support the use of pre-operative clearances and various testing when indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. Given the non-specificity of this request and no documented indication, this request is not medically necessary.

Inpatient Surgery 1-2 Days: 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 Official Disability Guidelines (ODG) Knee and Leg, Hospital length of stay (LOS).

Decision rationale: The California MTUS Guidelines do not provide recommendations for hospital length of stay. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The recommended mean and best practice target for an arthroscopy/chondroplasty is outpatient. Guideline criteria have not been met for inpatient stay, in the absence of complications. Therefore, this request is not 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid services, Physician Fee Schedule.

Decision rationale: The California MTUS guidelines do not address the appropriateness of assistant surgeons. The Center for Medicare and Medicaid Services (CMS) provide direction

relative to the typical medical necessity of assistant surgeons. The Centers for Medicare & Medicaid Services (CMS) has revised the list of surgical procedures, which are eligible for assistant-at-surgery. The procedure codes with a 0 under the assistant surgeon heading imply that an assistant is not necessary; however, procedure codes with a 1 or 2 implies that an assistant is usually necessary. For the approved surgery, CPT Code 29877, there is a 0 in the assistant surgeon column. Therefore, based on the stated guideline and the relative lack of complexity of the procedure, this request is not medically necessary.

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 Page(s): 25.

Decision rationale: The Post-Surgical Treatment Guidelines suggest a general course of 12 post-operative visits over 12 weeks during the 6-month post-surgical treatment period. An initial course of therapy recommended for six visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. This is the initial request for post-operative physical therapy and, although it exceeds recommendations for initial care, is within the recommended general course. Therefore, this request is medically necessary.