

Case Number:	CM14-0128599		
Date Assigned:	08/15/2014	Date of Injury:	11/19/2012
Decision Date:	09/16/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/12/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 51 year old male who sustained an injury on 11/19/12 when he slipped on water hyperextending the right knee. The injured worker has had a prior surgical meniscal repair laterally in 2013. Postoperatively, the injured worker had continued difficulty standing for long periods of time or negotiating stairs. There was also pain with kneeling and squatting. Conservative treatment following a surgical meniscal repair included viscosupplementation injections as well as Cortisone injections. The injured worker had undergone prior physical therapy and did utilize an elastic knee brace. Despite these treatments, the injured worker continued to have persistent pain in the right knee. On 06/12/14, the injured worker did have plain film radiographs obtained showing moderate joint space loss in the right knee, both laterally and at the patella femoral joint. The injured worker's physical examination noted a BMI of 36.1. There was a mildly antalgic gait with a 5-10 degree valgus deformity. Range of motion was restricted slightly to 120 degrees flexion. The requested right total knee arthroplasty scheduled for 07/02/14 was denied by utilization review on 07/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right total knee arthroplasty rfa 7-2-14: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) knee & leg.

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, Knee Joint Replacement.

Decision rationale: In regards to the proposed right total knee arthroplasty, this reviewer would have recommended this request as medically appropriate. Based on the injured worker's imaging results, there was moderate joint space loss in the medial and patella femoral compartments of the right knee. The injured worker had failed a reasonable amount of conservative treatment to include physical therapy and injections. Although the injured worker's BMI was over 35, it was not substantially excessive. The injured worker's calculated BMI was 36.1. It is reasonable to ascertain that due to the injured worker's BMI and continued right knee pain, he would have significant difficulty performing any type of exercise in an effort to lose weight. Therefore, it is this reviewer's opinion that the right total knee arthroplasty was still appropriate and within guideline recommendations given the extent of the osteoarthritic findings on radiographs as well as the valgus instability noted on physical examination as well as the failure of conservative treatment. Therefore, this reviewer would have recommended that this request is medically necessary and appropriate.

Right knee post operative days inpatient stay RFA 7-2-14: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) knee & leg.

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, Hospitalization.

Decision rationale: In regards to the postoperative inpatient stay for the right knee arthroplasty, this reviewer would have recommended this request as medically appropriate. The injured worker would have reasonably required a postoperative inpatient stay in order to rule out any issues with the implants to include infection. The injured worker would also have reasonably required an initial period of inpatient rehabilitation following the procedure as recommended by guidelines. Therefore the request is medically necessary.

Pre Operative Clearance with complete blood count, complete metabolic panel, Urinary test, Pt, INR, MRSA, HIV, Hepatitis C, Chest X-Ray, Electrocardiogram EKG rfa 7-2-14 QTY:1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) low back-Lumbar & Thoracic (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) Low Back Chapter, Pre-operative testing, general, labs, EKG.

Decision rationale: In regards to the request for preoperative clearance to include laboratory studies, chest x-ray, and EKG, this reviewer would have recommended this request as medically appropriate. The injured worker would have reasonably required preoperative clearance prior to a total right knee arthroplasty to rule out any comorbid issues that would substantially increase risk factors for surgical intervention as well as anesthesia. This request would be medically reasonable and appropriate and standard of care. Therefore the request is medically necessary.

Right knee post operative home health nursing visit rfa 7-2-14 qty:1.00: 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 & Leg Chapter, Home Health.

Decision rationale: In regards to the request for a right knee postoperative home health nursing visit, this reviewer would not have recommended this request as medically appropriate. There was no indication from the clinical records provided for review that the injured worker did not have adequate home support following the procedures recommended. Therefore, this reviewer would not have recommended this request as medically appropriate. The request is not medically necessary.

Right knee post operative home health physical therapy 3x /week rfa 7-2-14 QTY:6.00: 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): 23.

Decision rationale: In regards to the request for right knee postoperative home health physical therapy for 3 weeks total 6 sessions, this reviewer would not have recommended this request as medically appropriate. There is no indication from the clinical records that the injured worker did not have adequate home support or lack of transportation to attend formal physical therapy on an outpatient basis. Therefore, this request would not have been recommended as medically necessary. The request is not medically necessary.

Right knee post operative initial outpatient physical therapy 3x/week rfa 7-2-14 qty:12.00: 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): 23.

Decision rationale: In regards to the request for right knee postoperative initial outpatient physical therapy for 3 x a week for a total quantity of 12, this reviewer would have recommended this request as medically appropriate. Following a right knee total knee arthroplasty, guidelines would allow up to 12 sessions initially to determine the level of treatment ultimately needed for postoperative rehabilitation and to establish the injured worker's compliance with physical therapy. Therefore, this reviewer would have recommended this request as medically appropriate. The request is medically necessary.

Right knee post operative Immobilizer rfa 7-2-14 qty:1.00: 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 Official Disability Guidelines (ODG) Knee & Leg Chapter, Knee Brace.

Decision rationale: In regards to the request for a right knee postoperative immobilizer, this reviewer would have recommended this request as medically appropriate. The injured worker would have reasonably required initial immobilization following the right total knee arthroplasty to provide stability and to prevent complications from occurring in the prostheses. Therefore, this request was medically indicated. The request is therefore medically necessary.

Right knee post operative front wheel walker rfa 7-2-14 qty: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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 Chapter, Walking aid.

Decision rationale: In regards to the request for a postoperative front wheel walker, this reviewer would have recommended this request as medically appropriate. The injured worker would have had substantial difficulty postoperatively in ambulation. This would have reasonably required a front wheel walker to prevent further falls from occurring while ambulating. Therefore, this request is medically necessary.

Right knee post op cold therapy unit with pads rfa 7-2-14 qty:1.00: 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 & Leg Chapter, Cold Cyrotherapy.

Decision rationale: In regards to the request for a right knee postoperative cold therapy unit with pads, this request was not medically appropriate. Although a cold therapy unit can be utilized in the perioperative period following a total right knee arthroplasty, this type of unit would only be indicated on a rental basis for at most 7 days. Purchase of this unit is not recommended by guidelines and is not medically necessary.