

Case Number:	CM14-0129480		
Date Assigned:	08/27/2014	Date of Injury:	07/17/2009
Decision Date:	09/25/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/14/2014

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 67-year-old male who sustained a vocational injury on July 17, 2009. The medical records provided for review include the office note dated July 25, 2014 at which time it was noted the claimant was given the diagnosis of osteoarthritis of the left knee. Physical examination revealed that the claimant walked with a assistance of a cane, pain greater in the left knee than the right knee, left knee range of motion was zero to 120 degrees with medial joint line tenderness and a mild effusion. X-ray report dated September 26, 2013 revealed the left knee to have essentially normal boney anatomy with no acute fractures, dislocations, or subluxation. He had evidence of medial femoral chondromalacia with mild to moderate medial compartment joint space narrowing based on the weight bearing view. The report of the MRI of the left knee dated July 22, 2014 showed a virtual detachment of the posterior medial meniscus from the tibial plateau and the mid zone was noted to be subluxed medially out of the joint. There was a short focus of nearly full thickness articular damage of the medial femoral condyle and cystic degeneration of the ACL versus a prior tear of the ACL. Conservative treatment documented to date includes knee brace ambulatory assistive device, physical therapy, and injections. The claimant was noted to have developed Bernard-Soulier Syndrome. This review is for inpatient left total knee replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient left total knee replacement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Knee joint replacement and Indications for Surgery- Knee Arthroplasty.

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 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-of-life dimensions, with the occasional exception of the social dimension. Age was not found to be an obstacle to effective surgery, and men seemed to benefit more from the intervention than did women. (Ethgen, 2004) Total knee arthroplasty was found to be associated with substantial functional improvement. (Kane, 2005) Navigated knee replacement provides few advantages over conventional surgery on the basis of radiographic end points. (Bathis, 2006) (Bauwens, 2007) The majority of patients who undergo total joint replacement are able to maintain a moderate level of physical activity, and some maintain very high activity levels. (Bauman, 2007) Functional exercises after hospital discharge for total knee arthroplasty result in a small to moderate short-term, but not long-term, benefit. In the short term physical therapy interventions with exercises based on functional activities may be more effective after total knee arthroplasty than traditional exercise programs, which concentrate on isometric muscle exercises and exercises to increase range of motion in the joint. (Lowe, 2007) Accelerated perioperative care and rehabilitation intervention after hip and knee arthroplasty (including intense physical therapy and exercise) reduced mean hospital length of stay (LOS) from 8.8 days before implementation to 4.3 days after implementation. (Larsen, 2008) In this RCT, perioperative celecoxib (Celebrex) significantly improved postoperative resting pain scores at 48 and 72 hrs, opioid consumption, and active ROM in the first three days after total knee arthroplasty, without increasing the risks of bleeding. The study group received a single 400 mg dose of celecoxib, one hour before surgery, and 200 mg of celecoxib every 12 hours for five days. (Huang, 2008) Total knee arthroplasty (TKA) not only improves knee mobility in older patients with severe osteoarthritis of the knee, it actually improves the overall level of physical functioning. Levels of physical impairment were assessed with three tools: the Nagi Disability Scale, the Instrumental Activities of Daily Living Scale (IADL) and the Activities of Daily Living (ADL) Scale. Tasks on the Nagi Disability Scale involve the highest level of physical functioning, the IADL an intermediate level, and the ADL Scale involves the most basic levels. Statistically significant average treatment effects for TKA were observed for one or more tasks for each measure of physical functioning. The improvements after TKA were "sizeable" on all three scales, while the no-treatment group

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. The Official Disability Guidelines note that prior to considering surgical intervention for knee arthroplasty, claimants should be greater than 50 years of age and have a body mass index of less than 35. The medical records do not contain documentation of the claimant's height, weight, or body mass index. In addition, the documentation also suggests that with the development of Bernard-Soulier Syndrome, the claimant has been recommended to hold off on surgical intervention. There is no documentation by a hematologist or additional specialist

medically clearing the claimant to proceed with total knee arthroplasty. Therefore, based on the documentation presented for review, and in accordance with the Official Disability Guidelines, the request for the left total knee replacement cannot be considered medically necessary.

Physician assistant for surgery: 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: Milliman Care Guidelines: 18th Edition; Guidelines for Assistant Surgeon.

Decision rationale: The request for left total knee replacement is not recommended as medically necessary. Therefore, the request for use of an assistant surgeon is also not considered medically necessary.

Inpatient stay for 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, Hospital Length of Stay (LOS).

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: Hospital length of stay (LOS).

Decision rationale: The request for left total knee replacement is not recommended as medically necessary. Therefore, the request for an inpatient stay of three days is also not considered medically necessary.

History and physical by internist for preoperative clearance: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

Decision rationale: The request for left total knee replacement is not recommended as medically necessary. Therefore, the request for use of a history and physical by an internist for preoperative clearance is also not considered medically necessary.

Home health nurse evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: The request for left total knee replacement is not recommended as medically necessary. Therefore, the request for use of a home health evaluation is also not considered medically necessary.

In home physical therapy 3 times per week for 3 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for left total knee replacement is not recommended as medically necessary. Therefore, the request for in-home physical therapy is also not considered medically necessary.

Cold compress machine rental for 3 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): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee & Leg chapter: Continuous-flow cryotherapy.

Decision rationale: The request for left total knee replacement is not recommended as medically necessary. Therefore, the request for use of a cold compress machine is also not considered medically necessary.

CPM (continuous passive motion) machine rental for 3 weeks: 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: Continuous passive motion (CPM).

Decision rationale: The request for left total knee replacement is not recommended as medically necessary. Therefore, the request for use of a CPM machine is also not considered medically necessary.

Front wheel walker (for purchase): 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: Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The request for left total knee replacement is not recommended as medically necessary. Therefore, the request for use of a front wheeled walker is also not considered medically necessary.

Raised toilet seat (for purchase): 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: Durable medical equipment (DME).

Decision rationale: The request for left total knee replacement is not recommended as medically necessary. Therefore, the request for use of a raised toilet seat is also not considered medically necessary.

Lovenox 40 mg injections #12 (prefilled syringes): 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); Hip & Pelvis chapter: Enoxaparin.

Decision rationale: The request for left total knee replacement is not recommended as medically necessary. Therefore, the request for Lovenox is also not considered medically necessary.

Postoperative office visits for 3 weeks: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

Decision rationale: The request for left total knee replacement is not recommended as medically necessary. Therefore, the request for postoperative office visits is also not considered medically necessary.

One 3 in 1 commode: 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: Durable medical equipment (DME).

Decision rationale: The request for left total knee replacement is not recommended as medically necessary. Therefore, the request for use of a three-in-one commode is also not considered medically necessary.