

Case Number:	CM14-0147907		
Date Assigned:	09/22/2014	Date of Injury:	04/21/2009
Decision Date:	12/09/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/11/2014

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:

This 51-year-old male sustained an industrial injury on 4/21/09. The mechanism of injury was not documented. The patient underwent right total knee replacement on 8/29/12. The 5/13/14 treating physician report cited increased right knee pain along the tibial plateau and occasional sharp patella pain, with swelling and stiffness. He denied any new injury or trauma. He denied fever, chills, night sweats, calf pain, chest pain, or shortness of breath. Physical exam documented no evidence of infection or dehiscence, and no drainage or bleeding. There was 3+ knee effusion, mild to moderate generalized tenderness, calf was non-tender, and Holman's sign was negative. Gait was normal with no instability. Range of motion was 0-130 degrees. Aspiration of the right knee was performed which yielded 44 cc of fluid, and was sent for routine labs. A three phase bone scan was requested to evaluate for possible mechanical failure. The patient was working full duty without restrictions. The 5/28/14 three phase bone scan impression documented nonspecific moderate intensity increased uptake associated with the right knee. This was more than would be expected for the reported date of total knee arthroplasty, but was non-specific. White cell scan/bone marrow scan was recommended to add specificity for infection. The 7/31/14 treating physician report cited right knee pain and swelling, increased with prolonged walking or standing. Pain was 5/10 at worst. There were no acute changes from the prior exam. X-rays were obtained and revealed a well-fixed right total knee arthroplasty with central patellar tracking and mild osteolysis on the posterior femur. The treatment plan recommended right knee excision of scar and exchange of polyethylene versus right revision total knee replacement. The patient had a mobility limitation that significantly impaired his ability to participate in mobility-related activities of daily living that could not be adequately or safely addressed by a cane. The patient was able to safely use a walker at home to resolve his functional mobility deficit. The patient continued to work full duty. The 9/3/14 utilization review

denied the right knee scar excision and exchange of the polyethylene versus revision right total knee replacement as there was no documentation of pain or discomfort from a scar condition, no radiographic/imaging evidence of hardware loosening, and no confirmation of test results for infection. The 9/8/14 patient appeal letter cited extreme discomfort, swelling, and lack of knee mobility greatly affecting his quality of life. He was not able to work due to pain. Excess fluid was removed but returned within 2 days. Kneeling and standing up are increasingly difficult and painful with compensatory left knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Excision of Scar: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment for Workers' Compensation, Online Edition Chapter: Knee and Leg (updated 07/19/12), Knee Joint Replacement

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, Revision total knee arthroplasty

Decision rationale: The California MTUS does not provide recommendations for scar revision or revision total knee arthroplasty. The Official Disability Guidelines recommend revision total knee arthroplasty for failed knee replacement when surgical indications are met. Criteria include recurrent disabling pain, stiffness and functional limitation that have not responded to appropriate conservative nonsurgical management (exercise and physical therapy), fracture or dislocation of the patella, component instability or aseptic loosening, infection, or periprosthetic fractures. Guideline criteria have been met. Records documented significant function-limiting pain with associated stiffness and effusion. Evidence of a recent, reasonable non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

Exchange of Poly vs Revision of Total Knee Arthroplasty with Inpatient Stay: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment for Workers' Compensation, Online Edition Chapter: Knee and Leg (updated 07/19/12), Knee Joint Replacement

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, Revision total knee arthroplasty, Hospital length of stay (LOS)

Decision rationale: The California MTUS does not provide recommendations for revision total knee arthroplasty. The Official Disability Guidelines recommend revision total knee arthroplasty

for failed knee replacement when surgical indications are met. Criteria include recurrent disabling pain, stiffness and functional limitation that have not responded to appropriate conservative nonsurgical management (exercise and physical therapy), fracture or dislocation of the patella, component instability or aseptic loosening, infection, or periprosthetic fractures. Guideline criteria have been met. Records documented significant function-limiting pain with associated stiffness and effusion. There are plausible clinical and imaging findings of loosening. Evidence of a recent, reasonable non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

Pre-Operative Medical Clearance with Labs: 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 Other Medical Treatment Guideline or Medical Evidence: Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38

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. Guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. Guidelines criteria have been met as pre-operative clearance and basic lab testing is typically supported for patients undergoing general anesthesia. Therefore, this request is medically necessary.

Post-Operative Durable Medical Equipment: Knee Immobilizer: Overturned

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): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Knee braces

Decision rationale: The California MTUS does not provide recommendations for knee braces following total knee arthroplasty. The Official Disability Guidelines support the use of pre-fabricated braces for the following conditions: knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, or tibial plateau fracture. Guideline criteria have been met. The use of a post-operative brace is supported following a total knee replacement for pain control and to address quadriceps weakness. Therefore, this request is medically necessary.

Front Wheel Walker: 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 and Leg, Walking aids (canes, crutches, braces, orthoses, & walkers)

Decision rationale: The California MTUS guidelines do not provide specific guidelines for post-op ambulatory assistant devices. The Official Disability Guidelines state that disability, pain, and age-related impairments determine the need for a walking aid. Assistive devices can reduce pain and allow for functional mobility. The use of a front wheel walker seems reasonable to allow for early post-op functional mobility. The treating physician has documented insufficiency of a cane for functional mobility. Therefore, this request is medically necessary.

Cold Therapy Unit with Pads: 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 are silent regarding cold therapy devices. The Official Disability Guidelines recommend continuous flow cryotherapy as an option after knee surgery for up to 7 days, including home use. The use of a cold therapy unit would be reasonable for 7 days post-operatively. However, this request is for an unknown length of use which is not consistent with guidelines. Therefore, this request is not medically necessary.

Home Health Physical Therapy (PT)/Occupational Therapy (OT), Three Times a Week for Two Weeks (3x2): 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, Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The California MTUS recommends home health services only for otherwise recommended treatment for patients who are homebound, on a part time or intermittent basis. The California MTUS Post-Surgical Treatment Guidelines for knee arthroplasty suggest a general course of 24 post-operative visits over 10 weeks during the 4-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course

or 12 visits. An initial 6-visit course of home health physical therapy following total knee arthroplasty is consistent with guidelines as the patient would be expected to be homebound on an intermittent basis. However, there is no clear rationale provided to support the medical necessity of occupational therapy in addition to physical therapy. Therefore, this request is not medically necessary.

Home Health Nursing for Blood Draws Two Times a Week for Two Weeks (2x2):
Overturned

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 California MTUS recommends home health services only for otherwise recommended treatment for patients who are homebound, on a part time or intermittent basis. Guideline criteria have been met based on the presumption of anti-coagulant therapy requiring skilled nursing for monitoring purposes. Therefore, this request is medically necessary.

Post-Operative Physical Therapy, Three Times a Week for Four Weeks (3x4): 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): 24.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for knee arthroplasty suggest a general course of 24 post-operative visits over 10 weeks during the 4-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 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 request for post-op physical therapy is consistent with guidelines. Therefore, this request is medically necessary.

Pre-Operative Medical Clearance with Chest X-ray: 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 Other Medical Treatment Guideline or Medical Evidence: ACR Appropriateness Criteria® routine admission and preoperative chest radiography. Reston (VA): American College of Radiology (ACR); 2011. 6 p.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines state that routine pre-operative chest radiographs are not recommended except when acute cardiopulmonary disease is suspected on the basis of history and physical examination. Guideline criteria have been met. Middle aged males have known occult increased risk factors for cardiopulmonary disease that support the medical necessity of pre-procedure chest x-ray. Therefore, this request is medically necessary.

Pre-Operative Medical Clearance with EKG: 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 Other Medical Treatment Guideline or Medical Evidence: Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines state that an EKG may be indicated for patients with known cardiovascular risk factors or for patients with risk factors identified in the course of a pre-anesthesia evaluation. Guideline criteria have been met. Middle-aged males have known occult increased cardiovascular risk factor to support the medical necessity of a pre-procedure EKG. Therefore, this request is medically necessary.