

Case Number:	CM14-0156205		
Date Assigned:	09/25/2014	Date of Injury:	04/23/2003
Decision Date:	10/27/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/24/2014

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 61-year-old female home health aide sustained an industrial injury on 4/23/03. Injury occurred when a patient weighing 250 to 260 pounds fell getting out of the shower, landing with his walker on top of her. Past surgical history was positive for bilateral carpal tunnel releases, right shoulder surgery, and bilateral cubital tunnel releases. The patient was diagnosed with a depressive disorder. Records indicated that the patient had constant moderate to severe bilateral knee pain and weakness, right greater than left. Knee buckling was documented and had resulted in falls. Symptoms were most pronounced with prolonged standing or walking, ascending and descending stairs, and chronic fixed positioning of the knee. She ambulated with a cane. Significant functional limitations were reported in activities of daily living and pain prohibited exercise. Gastrointestinal issues were reported with medications. Conservative treatment had included physical therapy, medications, and viscosupplementation injections with no sustained benefit. A right total knee arthroplasty had been recommended in the past but the patient desired to delay surgery. Depression was reported worsening due to functional limitations and poor pain control. The 4/3/14 bilateral knee x-rays documented severe osteoarthritic changes. The 8/26/14 treating physician chart notes documented bilateral knee pain that increased with standing or walking more than 10 minutes. The patient had a 30-pound weight gain since April 2014 due to inactivity with current body mass index of 35.7. Right knee physical exam documented range of motion 0-110 degrees with patellofemoral crepitus and positive McMurray's. There was tenderness to palpation over the medial and lateral joint lines. The patient was ready to proceed with surgery due to marked functional limitations and inability to control pain. A right total knee replacement was recommended. The 9/10/14 utilization review denied the request for right total knee replacement based on failure to meet guideline criteria relative to body mass index and range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right total knee replacement surgery: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (OCG)

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, Knee joint replacement

Decision rationale: The California MTUS does not provide recommendations for total knee arthroplasty. The Official Disability Guidelines recommend total knee replacement when surgical indications are met. Specific criteria for knee joint replacement include exercise and medications or injections, limited range of motion, night-time joint pain, no pain relief with conservative care, documentation of functional limitations, age greater than 50 years, a body mass index (BMI) less than 35, and imaging findings of osteoarthritis on standing x-ray. Guideline criteria have been met. This patient presents with constant moderate to severe pain. Clinical exam and imaging findings are consistent with severe knee osteoarthritis. There are significant functional limitations and poor pain control. Medications are not being tolerated. Evidence of long-term reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

Physical therapy QTY: 12: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (OCG)

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 initial post-op physical therapy is consistent with guidelines. Therefore, this request is medically necessary. .

Purchase of front wheel walker: Overturned

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

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 and Official Disability Guidelines (ODG) do not address the use of walkers following total knee replacement. The ACOEM guidelines recommend limited restriction of activity to avoid deconditioning. 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 mobility with reduced pain following total knee replacement. Therefore, this request is medically necessary.

Interferential IT unit: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

Decision rationale: The California MTUS guidelines do not recommend interferential current (IFC) stimulation as an isolated intervention. Guidelines indicate that an IFC trial may be indicated for post-operative conditions if there is significant pain that limits the ability to perform exercise programs/physical therapy treatment. Guideline criteria have not been met. There is no indication that the patient will be unable to perform post-op physical therapy exercise or treatment, or that post-operative pain management will be ineffective. Additionally, this request for an unspecified duration of use is not consistent with guidelines. Therefore, this request is not medically necessary.

3-1 commode: 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)

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, Bathtub seats

Decision rationale: The California MTUS is silent regarding this durable medical equipment. The Official Disability Guidelines state that certain durable medical toilet items (commodes) are medically necessary if the patient is room-confined or when prescribed as part of a medical treatment plan for injury or conditions that result in physical limitations. Bathtub seats are considered a comfort or convenience item, hygienic equipment, & not primarily medical in nature. There is no indication that the patient will be room confined following hospital discharge

to support the medical necessity of a bedside commode. A shower chair is considered a comfort or convenience item. Therefore, this request is not medically necessary.

Cold compression unit: 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)

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, Cold compression therapy

Decision rationale: The California MTUS is silent regarding cold compression units. The Official Disability Guidelines state that cold compression therapy is an option after knee surgery. In general, guidelines recommend cryotherapy systems for up to 7 days post-operative use. Although cold compression therapy is an option, there is no specified duration of use to establish medical necessity. Therefore, this request is not medically necessary.

Continuous passive motion (CPM) machine: 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)

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)

Decision rationale: The California MTUS does not provide recommendations for this device following total knee replacement. The Official Disability Guidelines state that the use of a continuous passive motion device may be considered medically necessary in the acute hospital setting for 4 to 10 day (no more than 21 days) following total knee and for home use up to 17 days while the patient at risk of a stiff knee is immobile or unable to bear weight following a primary or revision total knee arthroplasty. Guideline criteria have not been met. Although continuous passive motion would be reasonable for short term hospital and home use, there is no specific duration of use to establish medical necessity. Therefore, this request is not medically necessary.