

Case Number:	CM14-0173412		
Date Assigned:	10/28/2014	Date of Injury:	02/27/2012
Decision Date:	12/31/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/20/2014

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 Surgeon and is licensed to practice in Minnesota. 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 58-year-old female, with a reported date of injury of 02/27/2012. The result of injury is right knee pain. The current diagnoses include right knee degenerative joint disease. The past diagnoses included degenerative joint disease, twisted right knee, and anterior cruciate ligament tear. Treatment included injection of 2% Xylocaine and 40mg of Kenalog into the right knee. The medical report dated 08/13/2014 indicated that the injured worker continued to complain of right knee pain. Her walking tolerance was diminishing, and she had pain with prolonged walking, standing, bending, stooping, squatting, and heavy lifting. The objective findings included a four (4) inch flexion contracture with further flexion up to 95 degrees; diffuse tenderness medially, laterally, and retro patellar; and crepitus with range of motion. The treating provider planned to schedule the injured worker for a right total knee replacement, and anticipated that she would require three (3) to four (4) days of hospitalization with seven (7) days at an extended care facility. The treating provider also indicated that further inpatient and outpatient physical therapy would be required. The injured worker had stopped working and would be temporarily totally disabled until the surgery was approved. On 10/06/2014, the Utilization Review (UR) denied the request for right total knee replacement, three (3) to five (5) day inpatient stay, preoperative clearance, cold therapy unit, postoperative brace, and seven (7) day rehabilitation facility. The UR physician noted that the ODG guidelines support the use of a total knee arthroplasty when certain criteria have been met, and indicated that the body mass index (BMI) should be less than thirty-five to decrease the risk for postoperative complications. The UR physician also noted that the injured worker has met the criteria, and had subjective complaints of pain and diminished range of motion, with a lack of relief from the previous conservative measures; however, there is no indication that the injured worker's BMI is less than thirty-five.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee total knee replacement.: 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) Section: Knee, Topic: Total knee arthroplasty

Decision rationale: The injured worker meets the criteria for a total knee arthroplasty with the exception of the BMI which is reported to be 41. The ODG guidelines have been revised and the upper limit of the BMI is now 40. The worker meets the other criteria for a total knee arthroplasty and the BMI is only slightly over the upper limit. Therefore in light of the severity of the osteoarthritis and the associated flexion contracture it would be prudent to proceed with the requested surgery whenever feasible. As such the medical necessity of the request for a right total knee arthroplasty is established. Therefore the request is medically necessary.

Associated surgical service: 3-5 day inpatient stay.: Upheld

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) Section: Knee, Topic: Total Knee Arthroplasty Hospital length of stay

Decision rationale: California MTUS does not address this issue. ODG guidelines recommend a 3 day length of hospital stay for a total knee arthroplasty if there are no complications. An in-patient rehab facility should be appropriate at that time. The request as stated is for 3-5 day hospital stay. In the absence of complications the request as stated exceeds the guidelines and is not medically necessary.

Associated surgical service: Pre Operative clearance.: 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) Section: Low Back, Topic: Pre-operative Testing, General

Decision rationale: California MTUS guidelines do not address this issue. A total knee arthroplasty is an intermediate risk surgical procedure. In the presence of co-morbidities such as the history of an elevated platelet count, pre-operative medical clearance and testing is indicated per ODG guidelines. Therefore the request for pre-operative clearance is appropriate and medically necessary.

Associated surgical service: Cold therapy unit.: 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) Section: Knee, Topic: Continuous flow cryotherapy

Decision rationale: California MTUS does not address post-operative cryotherapy. ODG guidelines recommend post-operative use of continuous flow cryotherapy after knee surgery for 7 days. It reduces swelling, inflammation, and pain and cuts down the need for narcotics after surgery. A 7 day rental is recommended per guidelines and is appropriate and medically necessary.

Associated surgical service: Post Operative brace.: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: by appropriate releases at the time of surgery. California MTUS guidelines support the use of braces to control instability. However, no post-operative instability is expected and the use of a knee brace particularly in the presence of obesity is not medically necessary. The guidelines indicate that the benefits may be more emotional than medical. Therefore the request is not medically necessary.

Associated surgical service: Seven day rehabilitation facility.: 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) Section: Knee, Topic: Skilled Nursing Facility or IRF

Decision rationale: CA MTUS does not address this issue. ODG guidelines recommend skilled in-patient rehabilitation facilities after a total knee arthroplasty. Earlier and more intensive

rehabilitation is associated with better outcomes. The request for 7 days is appropriate and medically necessary per guidelines.