

Case Number:	CM14-0179504		
Date Assigned:	11/04/2014	Date of Injury:	09/14/1986
Decision Date:	12/17/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/29/2014

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:

According to the records made available for review, this is a 53-year-old male with a 9/14/86 date of injury. At the time (10/3/14) of the decision for associated surgical service: Pre-op history and physical with specialist, Associated surgical service: Pre-operative testing to include EKG and labs (CBC w/DIFF, CMP, PT, PTT, UA type & screen and MRSA screen) at [REDACTED], Associated surgical service: 12 Outpatient Physical Therapy Sessions Following in Home Therapy, Associated surgical service: 30 Day Rental for Cold Therapy Unit for Hospital and Home use, and Associated surgical service: 84 Aspirin 325mg Enteric Coated BID for 6 weeks, there is documentation of subjective (severe right knee pain) and objective (right knee tenderness to palpation over the medial and lateral joint line, range of motion 0-125 degrees) findings, current diagnoses (right knee severe osteoarthritis), and treatment to date (physical therapy, medications, and injections). Medical report identifies a request for right total knee arthroplasty with associated pre and post-operative requests, including: Pre-op history and physical with specialist, Pre-operative testing to include EKG and labs (CBC w/DIFF, CMP, PT, PTT, UA type & screen and MRSA screen), 12 outpatient Physical Therapy Sessions Following 12 sessions of in Home Therapy, 30 Day Rental for Cold Therapy Unit, and Aspirin 325mg. In addition, 10/3/14 UR determination identifies certification of right total knee arthroplasty and 12 sessions in home physical therapy. Regarding Associated surgical service: 12 Outpatient Physical Therapy Sessions Following in Home Therapy, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications following completion of the initially certified 12 session of in home therapy treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Pre-op history and physical with specialist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93

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, Preoperative lab testing

Decision rationale: MTUS does not address this issue. ODG identifies that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide post-operative management, but often are obtained because of protocol rather than medical necessity. Within the medical information available for review, there is documentation of a diagnosis of right knee severe osteoarthritis. In addition, there is documentation of a request for right total knee arthroplasty with an associated request for pre-op history and physical with specialist. Furthermore, given that the associated surgical request is medically necessary, there is documentation that the requested Pre-op history and physical with specialist can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management. Therefore, based on guidelines and a review of the evidence, the request for associated surgical service: Pre-op history and physical with specialist is medically necessary.

Associated surgical service: Pre-operative testing to include EKG and labs (CBC w/DIFF, CMP, PT, PTT, UA type & screen and MRSA screen) at Hoag Hospital: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICIS). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICIS); 2006 Jul. 33p.

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, Preoperative lab testing

Decision rationale: MTUS does not address this issue. ODG identifies that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. Within the medical information available for review, there is documentation of a diagnosis of right knee severe osteoarthritis. In addition, there is documentation of a request for right total knee arthroplasty with an associated request for pre-operative testing to include EKG and labs. Furthermore, given that the associated surgical request is medically necessary, there is documentation that pre-operative testing to include EKG

and labs (CBC w/DIFF, CMP, PT, PTT, UA type and screen and MRSA screen) can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management. Therefore, based on guidelines and a review of the evidence, the request for associated surgical service: Pre-operative testing to EKG and labs (CBC w/DIFF, CMP, PT, PTT, UA type and screen and MRSA screen) at Hoag Hospital is medically necessary.

Associated surgical service: 12 outpatient physical therapy sessions following in home therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Physical therapy

Decision rationale: MTUS Postsurgical Treatment Guidelines identifies up to 24 visits of post-operative physical therapy over 10 weeks and post-surgical physical medicine treatment period of up to 4 months. In addition, MTUS Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of a diagnosis of severe right knee osteoarthritis. In addition, there is documentation of a request for right total knee arthroplasty with an associated request for 12 outpatient physical therapy sessions following 12 sessions of in home therapy. However, given documentation that 12 sessions of in home therapy have been authorized/certified, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications following completion of the initially certified 12 session of in home therapy treatments. Therefore, based on guidelines and a review of the evidence, the request for associated surgical service: 12 Outpatient Physical Therapy Sessions Following in Home Therapy is not medically necessary.

Associated surgical service: 30 day rental for cold therapy unity for hospital and home use: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Continuous-flow cryotherapy

Decision rationale: MTUS does not address this issue. ODG identifies that cold compression therapy is recommended as an option after surgery, but not for non-surgical treatment. In addition, ODG identifies that continuous-flow cryotherapy is recommended as an option after surgery for up to 7 days, including home use. Within the medical information available for review, there is documentation of a diagnosis of severe right knee osteoarthritis. In addition, there is documentation of an associated request for right total knee arthroplasty that is medically necessary. However, the requested 30 Day Rental for Cold Therapy Unit exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for associated surgical service: 30 Day Rental for Cold Therapy Unit for Hospital and Home use is not medically necessary.

Associated surgical service: 84 Aspirin 325 mg enteric coated BID for 6 weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse: VTE prophylaxis in orthopaedic patients

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. Within the medical information available for review, there is documentation of a diagnosis of severe right knee osteoarthritis. In addition, there is documentation of a request for right total knee arthroplasty with an associated post-operative request for Aspirin. Furthermore, given documentation that the requested right total knee arthroplasty is medically necessary, there is documentation of an intention to treat exacerbations of chronic pain. Therefore, based on guidelines and a review of the evidence, the request for associated surgical service: 84 aspirin 325 mg Enteric Coated BID for 6 weeks is medically necessary.