

Case Number:	CM14-0032190		
Date Assigned:	06/20/2014	Date of Injury:	03/28/2009
Decision Date:	07/18/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/13/2014

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 62-year-old male recycling center supervisor sustained an industrial injury 3/28/09, when he turned to the side, lost his balance, twisted and fell with onset of left knee pain and swelling. The 5/8/09 left knee MRI showed a medial meniscus tear with patellar chondral fissuring. The patient underwent left partial medial meniscectomy and partial chondroplasty of the medial tibiofemoral joint on 7/30/09. The patient failed to improve and underwent repeat arthroscopy and partial medial meniscectomy on 5/20/11. The patient underwent left total knee arthroplasty in October 2012. The 10/22/13 progress report cited on-going lateral knee pain preventing him from walking on any inclines or stairs without significant discomfort. Left knee x-rays were obtained and showed some small calcific densities along the lateral aspect of the patella and a well-fixed total knee arthroplasty. Lab studies, including complete blood count, sedimentation rate, and C-reactive protein were performed 12/4/13 and found to be within normal limits. A three-phase bone scan on 12/11/13 demonstrated no evidence for left knee prosthesis loosening. The 1/6/14 orthopedic consult report cited left knee stiffness and pain following total knee arthroplasty. Pain was localized medially, laterally and at the medial joint line. Pain was reported 5/10 at rest, increasing to 7-8/10 with prolonged activity. A cane was used full time and the left knee gives out. He had six hours of pain relief with an injection. Conservative treatment included medications, activity reduction, topical anti-inflammatory creams, and daily exercise. Physical exam documented ambulation with a limp, 10-degree flexion contracture, active flexion to 105 degrees, slight effusion, medial tightness, stable to varus/valgus stress, and the patella could be subluxed laterally but it was not dislocated.. The knee opened up laterally at 10-20 degrees flexion and 90 degrees flexion, with increased anterior posterior excursion in flexion that reproduced his symptoms, and inability to dislocate this anteriorly or posteriorly. Bone scan was reviewed and showed slight increased activity about the tibia. X-rays showed a well-fixed total

knee arthroplasty without evidence of loosening, no radiolucencies appreciated. A revision total knee arthroplasty was recommended to balance flexion and extension gaps and place new components. The 2/25/14 utilization review denied the request for left revision total knee arthroplasty and associated services based on the absence of any type of infection work-up. The 3/12/14 treating physician report cited continued moderate to severe left knee discomfort with mild to moderate activity levels. The treating physician stated that the patient had undergone laboratory studies and a bone scan to rule out infection and recommended the revision surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT REVISION TOTAL KNEE ARTHROPLASTY: 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), Knee and leg Procedures Summary.

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: Under consideration is a request for left revision total knee arthroplasty. 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. This patient presents with persistent disabling pain, stiffness, and functional limitation that has failed to respond to comprehensive conservative treatment. Workups have been completed with no evidence of infection. The bone scan showed no evidence of loosening. Therefore, and consistent with guidelines, this request for left revision total knee arthroplasty is medically necessary.

CONTINUOUS PASSIVE MOTION (CPM): 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), Knee and leg Procedures Summary.

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: Under consideration is a request for continuous passive motion. The California MTUS does not provide recommendations for this device in chronic knee conditions.

The Official Disability Guidelines recommended the use of continuous passive motion devices in the acute hospital setting for no more than 21 days following total knee arthroplasty (revision and primary) and for home use up to 17 days while the patients at risk of a stiff knee are immobile or unable to bear weight following a primary or revision total knee arthroplasty. Guideline criteria have been met. The use of continuous passive motion would be appropriate for this patient up to 21 days in the hospital setting and up to 17 days in the home setting. Therefore, this request for continuous passive motion is medically necessary.

COLD THERAPY UNIT: 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), Knee and leg Procedures Summary.

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: Under consideration is a request for a cold therapy unit. The California MTUS is silent regarding cold therapy units. The Official Disability Guidelines state that continuous-flow cryotherapy is an option for up to 7 days in the post-operative setting following knee surgery. Guideline criteria have been met for use of this device up to 7 days. Therefore, this request for a cold therapy unit is medically necessary.

HOME HEALTH CARE (HHC) APPRX 2 WEEKS POST OP: 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), Knee and leg Procedures Summary.

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

Decision rationale: Under consideration is a request for home health care (HHC) approximately 2 weeks post-op. The California MTUS recommends home health services only for otherwise recommended treatment for patients who are homebound, on a part time or intermittent basis. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Guideline criteria have not been met. There is no clear documentation as the type of home health services being recommended for this patient to establish medical necessity. Definitive home bound status has not been documented. Therefore, this request for home health care (HHC) approximately 2 weeks post-op is not medically necessary.

INPATIENT LENGTH OF 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 (ODG), Knee and leg Procedures Summary.

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, Hospital length of stay (LOS).

Decision rationale: Under consideration is a request for inpatient length of stay. The California MTUS does not provide recommendations for hospital length of stay. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The recommended mean and best practice target for a revision total knee arthroplasty is 4 days. Guideline criteria have been met for inpatient length of stay up to 4 days, in the absence of complications. Therefore, this request for inpatient length of stay is medically necessary.