

<b>Case Number:</b>	CM14-0036530		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	10/02/2008
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	03/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 41-year-old produce delivery driver sustained an industrial injury on October 2, 2008, when she heard a pop in her right knee while pushing a dolly. There was immediate onset of sharp pain and swelling. Compensatory lumbar sprain/strain was documented due to altered gait. She underwent two prior right knee arthroscopic surgeries, most recently on March 9, 2011. The May 9, 2013 right knee x-ray impression documented no acute right knee osseous abnormality and minimal degenerative changes. The December 27, 2013 right knee MRI impression documented chondromalacia patella medial patellar facet, small joint effusion, and degenerative signal within the posterior horn of the medial meniscus. The January 14, 2014 initial treating physician report cited intermittent grade 7 right knee pain with clicking, buckling and swelling. Pain radiated down to the calf and up to the hip, with numbness and tingling. She was unable to kneel, squat, walk on uneven ground or uphill, or stair climb. Falling episodes were reported. She had to lie straight to rest her legs, all day. Right knee physical exam findings documented 155 degrees flexion, medial joint line and patellar tenderness, 1+ anterior drawer sign, negative varus/valgus testing, negative Lachman's, test, and positive McMurray's, patellar tilt, and compression tests. Right lower extremity strength was 4+/5. The diagnosis was internal derangement right knee. The patient wished to have a total knee replacement. The treatment plan recommended a consult for total knee replacement. The February 14, 2014 orthopedic consult report cited right knee throbbing, aching, stiffness, and popping. Walking was painful, she was unable to play with or keep up with her 3-year-old. Right knee physical exam documented diffuse tenderness to palpation, range of motion 15-80 degrees, and 5/5 right lower extremity strength. The orthopedic surgeon agreed the patient needed a total knee replacement but recommended definitive standing x-rays be done. The March 7, 2014 utilization reviews denied the request for right total knee replacement and associated durable medical equipment items as there was no clinical or imaging

documentation of advanced degenerative changes of the knee. Records indicated that the patient was approved for the total knee replacement at a hearing on February 11, 2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Post-operative brace for purchase: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2008 Revision), Chapter 13), pages 1015-1017 Table 13-3, as well as the Official Disability Guidelines Knee and Leg Chapter.

**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 brace.

**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 for support of post-op. quadriceps weakness. There is a compelling reason to support the medical necessity of this request in the presence of guideline support. Therefore, this request for purchase of a post-op brace is medically necessary.

#### **Polar Care rental twenty-one days: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2008 Revision), Chapter 13), pages 1015-1017 Table 13-3, as well as the Non-MTUS Official Disability Guidelines Knee and Leg Chapter.

**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 is silent regarding cold therapy units. The Official Disability Guidelines state that continuous-flow cryotherapy is an option for up to seven days in the post-operative setting following knee surgery. Under consideration is a request for 21-day rental of a cold therapy unit. Although the use of cold therapy during the post-operative period would be appropriate for this patient, there is no compelling reason to support the medical necessity of this request beyond the seven day guideline recommendation. Therefore, this request for Polar Care rental for twenty-one days is not medically necessary or appropriate.

**Crutches for purchase:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & Leg Chapter.

**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 Chapter, Walking Aids (Canes, Crutches, Braces, Orthoses, & Walkers).

**Decision rationale:** The California MTUS does not provide recommendations for crutches following total knee arthroplasty. 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 post-operative use of crutches following a total knee arthroplasty is consistent with guidelines. Therefore, this request for crutches is medically necessary and appropriate.

**Thigh High Stockings for purchase:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & Leg Chapter.

**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, Compression Garments.

**Decision rationale:** The California MTUS does not address the medical necessity of compression garments for post-operative deep vein thrombosis (DVT) prophylaxis. The Official Disability Guidelines recommend compression garments and state that there is good evidence for the use of compression in DVT prophylaxis. Post-operative use of thigh high stockings following a total knee arthroplasty is consistent with guidelines. Therefore, this request for the purchase of thigh high stockings is medically necessary and appropriate.