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| <b>Case Number:</b>   | CM14-0036684 |                              |            |
| <b>Date Assigned:</b> | 07/25/2014   | <b>Date of Injury:</b>       | 04/28/2005 |
| <b>Decision Date:</b> | 09/10/2014   | <b>UR Denial Date:</b>       | 02/25/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/26/2014 |

### 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 Indiana. 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 treating provider has requested approval for a left total knee arthroplasty with a three day inpatient stay, a raised toilet seat, a front wheel walker, inpatient PT 3x/week for 2 weeks, outpatient PT 3x/week x 4 weeks, Norco 7.5/325 mg, and coumadin x 30 days or Xarelto x 14 days for a member with painful osteoarthritis of the knee. According to the medical records, the member is a 57-year-old male s/p knee injury in 2005 who presented on 03/06/13 with persistent constant left knee pain primarily medial in location with severe night pain and limited ambulation to one block. On physical examination the member has a varus deformity with ROM from 5 - 120 degree of flexion with stable collateral and cruciate ligaments with crepitus throughout range of motion. X-rays revealed tricompartmental DJD of the left knee notably affecting the medial and patellofemoral compartments with tibiofemoral subluxation. Treatment to date had included activity modification, PT, and medication including Norco, antiinflammatories, ketoprofen cream and Voltaren gel. The member also underwent a previous left knee arthroscopy. An MRI of the left knee dated 12/04/12 showed moderate to severe patellofemoral arthrosis and chronic full thickness anterior cruciate ligament tear. After the initial denial for surgery, the member was prescribed formal physical therapy but experienced "a lot of pain secondary to exercises" and was unable to continue with his home exercise program and could not continue riding his bike at home.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left 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 Knee Chapter Knee Arthroscopy indications for Surgery.

**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 (Acute and Chronic) knee joint replacementx Other Medical Treatment Guideline or Medical Evidence:Department of Health and Human Services, CMS, MLN Matters 2013: Documenting Medical Necessity for Major Joint Replacement (Hip and Knee).

**Decision rationale:** The member has had conservative care including home exercises and supervised PT, NSAIDs, PLUS subjective limited ROM, night pain, no relief with conservative care, functional limitation of only being able to walk one block; PLUS objective clinical findings of varus deformity, painful crepitus PLUS documented osteoarthritis on x-ray and MRI evaluation of the knee. In addition, the documentation recommended by CMS in MLN Matters Documenting Medical Necessity for Major Joint Replacement (Hip and Knee) is also met with the HISTORY documenting pain, limitation of ADLs, listing of failed no-surgical treatments; PHYSICAL EXAMINATION documenting deformity, ROM, crepitus, tenderness; and documentation of the clinical judgment as to the necessity of total knee replacement surgery in this members case. Therefore, in my medical judgment, the requested left total knee arthroplasty is medically necessary.

**inpatient stay 3 days:** 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 and Leg Chapter recommends up to 4 days.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG) Knee and Leg (Acute and Chronic), knee joint replacement.

**Decision rationale:** According to ODG guideline, the average inpatient length of stay after total knee replacement surgery is 4.3 days. The ODG best practice target is 3 days inpatient stay. The request for a 3 day inpatient length of stay is within the stated guidelines and is therefore medically necessary.

**raised toilet seat:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare National Coverage Determinations Manual.

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

**Decision rationale:** According to the ODG guidelines on DME for knee surgery, toilet seats are not considered medically necessary: Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Therefore, the request for a raised toilet set is denied as it is not medically necessary.

**Front wheeled walker:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare National Coverage Determinations Manual.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG) Knee and Leg (Acute and Chronic), Walking aids.

**Decision rationale:** Although ODG does not make a recommendation as to the type of walker that is necessary for management of patients with OA of the knee, the use of walking aids (cane, crutches, walker) is recommended. Therefore, a front wheeled walker is medically necessary for post-operative management after total knee arthroplasty for OA of the knee.

**Outpatient post operative Physical Therapy 3 times a week for 4 weeks Left Knee:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Knee chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG) Knee and Leg (Acute and Chronic), Physical Medicine Treatments.

**Decision rationale:** According to ODG Physical Medicine Guidelines for Post-surgical treatment, arthroplasty, knee, up to 24 visits over 10 weeks is recommended. There is no distinction as to whether the therapy visits should be inpatient or outpatient. Unless there is underlying co-morbidity that would preclude the claimant from having outpatient PT, the therapy could be performed on an outpatient basis. Therefore, the request for outpatient PT 3x/week for 4 weeks left knee falls within the stated guidelines and is medically necessary.

**In Home Post Operative Physical Therapy 3 times a week for 2 weeks Left Knee:**  
Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG) Knee and Leg (Acute and Chronic), Physical Medicine Treatment.

**Decision rationale:** According to ODG Physical Medicine Guidelines for Post-surgical treatment, arthroplasty, knee, up to 24 visits over 10 weeks is recommended. There is no distinction as to whether the therapy visits should be inpatient or outpatient. If the member was unable to drive and had no transportation to outpatient PT upon discharge from the hospital, the In Home Post Operative Physical Therapy of 3x/week for 2 week left knee is considered medically necessary and would fall within the total of 24 visit post-arthroplasty recommended by the ODG guidelines (including the 12 outpatient physical therapy visits.)

**Norco 7.5/325 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, NSAIDS.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG) Pain (Chronic), Opioids.

**Decision rationale:** According to the ODG guidelines for Pain, Opioids, opioids such as Norco are recommended short-term as a treatment alternative for the treatment of acute pain (which will be present after left total knee surgery.) However, there is no request made for a quantity and/or duration of treatment and for this reason the request for Norco 7.5/325 mg is not medically necessary.

**Coumadin 4mg x 30 days or Xarelto 10mg x 14 days:** 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 and Leg Chapter - Coumadin.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AAOS Guideline on Preventing Venous Thromboembolic Disease in Patients Undergoing Elective Hip and Knee Arthroplasty.

**Decision rationale:** According to the AAOS Guideline on Preventing Venous Thromboembolic Disease in Patients Undergoing Elective Hip and Knee Arthroplasty, there is a moderate recommendation for the use of pharmacologic agents and/or mechanical compressive devices for the prevention of venous thromboembolism in patients undergoing elective hip or knee arthroplasty. Coumadin and Xarelto are among the pharmacologic agents available for use in these patients. There is no specific recommendation regarding a specific agent or length of treatment. Therefore, the requested treatment is medically necessary.