

Case Number:	CM14-0038062		
Date Assigned:	06/25/2014	Date of Injury:	10/06/2011
Decision Date:	07/23/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	04/01/2014

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 35-year-old male police officer sustained a cumulative trauma industrial injury, with date of injury 10/6/11. He was diagnosed with lumbar disc protrusions and compression of the L4/L5 and L5/S1 nerve roots. He underwent right knee arthroscopy and debridement on 3/15/13. The 8/26/13 right knee x-ray findings documented mild degenerative arthritis. Knee joint space was maintained. The 10/31/13 QME evaluation of the CD of weight bearing right knee x-rays on 8/26/13 documented normal cartilage interval without evidence of osteoarthritis. The 2/10/14 secondary treating physician report cited constant grade 6-7/10 bilateral knee pain radiating into the leg with knee burning and numbness, and occasional tingling in the feet. The patient reported popping, clicking, and grinding. Physical exam findings documented a Trendelenburg gait, mild to moderate effusions both knees, 3 degrees of valgus on the right and 4 to 5 on the left, moderate medial and patellofemoral tenderness in both knees, slight lateral joint line tenderness, full extension bilaterally, right flexion 110, left flexion 120, no instability, 2+ Lachman, could not tolerate pivot shift or McMurray, motor intact, and symmetric reflexes. The diagnosis was bilateral knee sprain/strain and end-stage traumatic osteoarthritis. The patient had been treated with activity restrictions, bracing, physical therapy, anti-inflammatories, cortisone injections, viscosupplementation, arthroscopic clean-out, post-operative stabilization and strengthening, and use of a cane, and remained symptomatic. The treatment plan recommended right total knee replacement with associated services and post-operative durable medical equipment. X-rays were requested for pre-surgical measurements. The 3/3/14 utilization review denied the request for right total knee replacement, associated services, and durable medical equipment based on an absence of radiographic evidence of right knee osteoarthritis relative to radiology reports and personal review of the x-ray CD. The 3/19/14 left knee x-ray report stated that the right knee also showed degenerative change in the femoropatellar joint, subchondral sclerosis, and marginal

bony spurring. The 3/24/14 appeal stated that the x-rays from [REDACTED] were requested and reviewed. There was significant narrowing of the patellofemoral and medial joint line especially on the left knee, but also on the right. This was clarified with the radiologist, who agreed. Bilateral knee joint replacement was recommended, beginning with the more symptomatic right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascu Therma 4 system rental 6 weeks to prevent DVT (Deep Vein Thrombosis) after surgery: 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) Indications for Surgery - Knee arthroplasty.

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, Venous thrombosis.

Decision rationale: Under consideration is a request for VascuTherma-4 system rental for 6 weeks to prevent DVT (deep vein thrombosis) after surgery. The California MTUS guidelines are silent with regard to the requested item and DVT prophylaxis. The Official Disability Guidelines recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures, such as consideration for anticoagulation therapy. Guidelines indicate mechanical compression should be utilized for total knee arthroplasty for all patients in the recovery room and during the hospital stay. Guideline criteria have not been met. It is unclear whether this surgery has been approved as the patient does not fully meet guideline indications. Regardless, this request for durable medical equipment use exceeds the recommended duration of treatment. There is no documentation that anticoagulation therapy would be contraindicated or standard compression stockings insufficient for post-hospital DVT prophylaxis. Therefore, this request for Vascu Therma 4 system rental 6 weeks to prevent DVT (deep vein thrombosis) after surgery is not medically necessary.

Bilateral knee X-rays AP (Antero-Posterior) standing, 3 views supine, AP (Antero-Posterior) lateral skyline: 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) Indications for Surgery - Knee arthroplasty.

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, Radiography (x-rays).

Decision rationale: Under consideration is a request for bilateral knee x-rays AP (antero-posterior) standing, 3 views supine, and AP lateral skyline. The California MTUS do not provide recommendations for radiographs for chronic knee conditions. The Official Disability Guidelines recommend the use of knee radiographs for initial evaluation purposes, with or without trauma. This request is noted to be for the purpose of obtaining pre-operative measurements for appropriate sizing. It is unclear whether this surgery has been approved as the patient does not fully meet guideline indications. Regardless, radiographs were previously obtained on 8/26/13 and 3/19/14, which should be sufficient for the requested purpose. Therefore, this request for bilateral knee x-rays AP standing, 3 views supine, and AP lateral skyline is not medically necessary.