

Case Number:	CM14-0038553		
Date Assigned:	06/27/2014	Date of Injury:	09/28/2005
Decision Date:	08/15/2014	UR Denial Date:	03/21/2014
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, has a subspecialty in Shoulder and Elbow Surgery and is licensed to practice in California and Utah. 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 injured worker is a 66-year-old male who reported an injury on 09/28/2005. The mechanism of injury was not specifically stated. The current diagnosis is bilateral knee severe end stage osteoarthritis. The injured worker was evaluated on 12/13/2013 with complaints of bilateral knee pain. It is noted that the injured worker has been previously treated with physical therapy, medication management, and cortisone injections. The injured worker reported 8/10 pain with popping in bilateral knees and instability. Physical examination revealed 2+ effusion, 5 to 85 degrees range of motion with pain, joint line tenderness, crepitus, and an antalgic gait. X-rays obtained in the office on that date indicated joint space narrowing, subchondral sclerosis, and osteophyte formation in all 3 compartments. Treatment recommendation included a right total knee replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Total Knee Arthroplasty with computer navigation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Knee Joint Replacement.

Decision rationale: California MTUS ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month and a failure of exercise programs to increase range of motion and strength of the musculature around the knee. Official Disability Guidelines state a knee arthroplasty is indicated for patients with 2/3 compartments affected. Conservative treatment should include exercise therapy, medications, and visco supplementation or steroid injections. There should be documentation of osteoarthritis on standing x-ray or a previous arthroscopy. As per the documentation submitted, the injured worker does demonstrated limited range of motion with 2+ effusion and joint line tenderness. X-rays obtained in the office on that date indicated joint space narrowing, subchondral sclerosis, and osteophyte formation in all 3 compartments. The injured worker has been previously treated with physical therapy, medications, activity limitation, and cortisone injections. Therefore, the injured worker does meet criteria for the requested procedure. As such, the Right Total Knee Arthroplasty with computer navigation is not medically necessary.

In-home Registered Nurse Evaluation, medication intake, vital signs postoperatively; four (4) sessions (2x2): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health.

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

Decision rationale: The California MTUS Guidelines state home health services are recommended for otherwise recommended medical treatment for patients who are homebound on a part time or intermittent basis. There is no indication that this injured worker will be homebound following surgery and unable to receive outpatient care. As the medical necessity has not been established, the request for the in-home Registered Nurse Evaluation, medication intake, vital signs postoperatively is not medically necessary.

Cold Therapy Unit; twenty-one (21) day rental: 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 Chapter, Continuous-flow Cryotherapy section.

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

Decision rationale: The Official Disability Guidelines state continuous flow cryotherapy is recommended for up to 7 days following a surgical procedure. Although the injured worker's

surgical procedure has been authorized, the current request exceeds Guideline recommendations. Therefore, the request for a Cold Therapy Unit is not medically necessary.