

Case Number:	CM14-0056979		
Date Assigned:	08/06/2014	Date of Injury:	02/28/1995
Decision Date:	09/11/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/28/2014

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 44-year-old female sustained an industrial injury on 2/28/95, relative to a slip and fall. The patient was status post right total knee replacement in 1997. Records indicated that this patient had significant left knee tricompartmental osteoarthritis changes with loss of motion and function. Episodic buckling and giving out with falls was noted. She had undergone years of conservative treatment for the left knee including two separate arthroscopic surgeries, physical therapy, activity modification, home exercise program, bracing, and multiple corticosteroid and viscosupplementation injections which all provided a measure of benefit on a temporary basis. The 11/20/13 left knee x-rays showed severe degenerative bone-on-bone changes medially and significant patellofemoral degenerative changes. The 2/6/14 treating physician report cited constant moderate to severe left knee pain. Swelling had decreased. She was using hydrocodone/APAP as needed with about 50% relief allowing performance of activities of daily living. She had lost about 50 pounds. She could not fully extend the knee and was limited in standing and walking. Physical exam documented marked limp on the left, trace to 1+ effusion, positive crepitus, quadriceps strength 4/5, range of motion 20-90 degrees, positive genu varum, and pain with passive range of motion. She had significant flat foot on the left. Height was 5'7", weight was 247 pounds (calculated body mass index of 38.7). The treatment plan requested Norco 7.5/325 mg #60 for pain and encouraged low impact activity and weight loss. Left total knee arthroplasty was requested. The 3/26/14 utilization review denied the request for total knee arthroplasty and associated services as there was no clearly stated rationale identifying why the patient needs a total knee replacement before the age of 50 and could not obtain a body mass index of less than 35.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Total Knee Replacement: 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) 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, Knee joint replacement.

Decision rationale: The California MTUS does not provide recommendations for total knee arthroplasty. The Official Disability Guidelines recommend total knee replacement when surgical indications are met. Specific criteria for knee joint replacement include exercise and medications or injections, limited range of motion (< 90 degrees), night-time joint pain, no pain relief with conservative care, documentation of functional limitations, age greater than 50 years, a body mass index (BMI) less than 35, and imaging findings of osteoarthritis. This patient has significant degenerative osteoarthritis in the medial and patellofemoral compartments of the left knee with functional limitations precluding work and activities of daily living. Records document early onset osteoarthritis. The patient is 17 years status post right total knee replacement with excellent results. Comprehensive operative and non-operative treatment have been tried for years and failed to produce sustained benefit. There is marked loss of range of motion. Current body mass index is 38.7 following 50-pound weight loss. Guideline exception is appropriate for this patient. Therefore, this request for left total knee replacement is medically necessary.

3 Day Inpatient 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, (Knee Chapter), Hospital Length of Stay.

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: 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 median and best practice target for a revision total knee arthroplasty is 4 days. Therefore, this request for 3-day inpatient stay is medically necessary.

Assistant Surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Practice Standard of Care Supports an Assistant Surgeon in the Intraoperative Management of the Cited Knee Surgeries.

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: Centers for Medicare and Medicaid services, Physician Fee Schedule.

Decision rationale: The California MTUS guidelines do not address the appropriateness of assistant surgeons. The Center for Medicare and Medicaid Services (CMS) provide direction relative to the typical medical necessity of assistant surgeons. The Centers for Medicare & Medicaid Services (CMS) has revised the list of surgical procedures which are eligible for assistant-at-surgery. The procedure codes with a 0 under the assistant surgeon heading imply that an assistant is not necessary; however, procedure codes with a 1 or 2 implies that an assistant is usually necessary. For this requested surgery, CPT Code 27487, there is a "2" in the assistant surgeon column. Therefore, based on the stated guideline and the complexity of the procedure, this request for one assistant surgeon is medically necessary.

Lovenox 40mg, #10: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR (Physicians Desk Reference).

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: Jobin S, Kalliainen L, Adebayo L, Agarwal Z, Card R, Christie B, Haland T, Hartmark M, Johnson P, Kang M, Lindvall B, Mohsin S, Morton C. Venous thromboembolism prophylaxis. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2012 Nov. 51 p.

Decision rationale: The California MTUS and Official Disability Guidelines do not provide guidelines for the use of this medication. The America College of Clinical Pharmacy (ACCP) recommends low-molecular-weight heparin (LMWH), like Lovenox for hip/knee arthroplasty patients [High Quality Evidence]. As for the duration of prophylaxis, ACCP recommends a minimum of 10-14 days and suggests extending prophylaxis for "up to 35 days." Guideline criteria have been met. The use of Lovenox for 10 days post-operatively is consistent with evidence based medical guidelines. Therefore, this request for Lovenox 40mg, #10 is medically necessary.

Home Health Nurse for Lovenox Injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Home Health Care.

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

Decision rationale: The California MTUS recommends home health services only for otherwise recommended treatment for patients who are homebound, on a part time or intermittent basis. Guideline criteria have been met. Skilled nursing services for the administration of anticoagulants is consistent with guidelines. Therefore, this request for home health nurse for Lovenox injections is medically necessary.

Mupirocin 2%, 22gm Ointment Tube: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR (Physicians Desk Reference), Bactroban Cream for Treatment of Secondarily Infected Traumatic Skin Lesions.

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: Bratzler DW, Dellinger EP, Olsen KM, Perl TM, Auwaerter PG, Bolon MK, Fish DN, Napolitano LM, Sawyer RG, Slain D, Steinberg JP, Weinstein RA. Clinical practice guidelines for antimicrobial prophylaxis in surgery. Am J Health Syst Pharm. 2013 Feb 1;70(3):195-283.

Decision rationale: The California MTUS and Official Disability Guidelines do not provide guidelines for the use of this ointment. Evidence based medical guidelines for antimicrobial prophylaxis in surgery indicate that Mupirocin should be given intranasally to all patients with documented colonization of *S. aureus*. Guideline criteria have not been met. There is no rationale presented for the use of this topical ointment consistent with guideline indications. Therefore, this request for Mupirocin 2%, 22gm ointment tube is not medically necessary.

Post Op Home Physical Therapy x3: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter, Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51, Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The California MTUS recommends home health services only for otherwise recommended treatment for patients who are homebound, on a part time or intermittent basis. Guideline criteria have been met. Three visits of home physical therapy are consistent with post-operative physical therapy guidelines for homebound patients in the immediate post-op period following total knee replacement. Therefore, this request for post-op home physical therapy x 3 visits is medically necessary.

Post Op Physical Therapy 3x4: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter, Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for knee arthroplasty suggest a general course of 24 post-operative visits over 10 weeks during the 4-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. This request is consistent with guidelines. Therefore, this request for post-op physical therapy 3x4 is medically necessary.

DME Rental Continuous Passive Motion 3 Weeks: 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, Continuous Passive Motion.

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: 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 DME rental of a continuous passive motion unit for 3 weeks is medically necessary.

DME Purchase Cold Therapy Unit: Upheld

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.

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, Cold therapy unit.

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 7 days in the post-operative setting following knee surgery. Under consideration is a request for purchase 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 7 day guideline recommendation. Therefore, this request for DME purchase of a cold therapy unit is not medically necessary.

3 in 1 Commode: 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, Commodes.

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, Bathtub seats.

Decision rationale: Under consideration is a request for post-operative 3-1 commode shower chair. The California MTUS is silent regarding this durable medical equipment. The Official Disability Guidelines state that certain DME toilet items (commodes) are medically necessary if the patient is room-confined or when prescribed as part of a medical treatment plan for injury or conditions that result in physical limitations. Guideline criteria have been met. The use of a 3-in-1 commode is appropriate status post total knee replacement. Therefore, this request for a 3-in-1 commode is medically necessary.

DME Purchase 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, Mobility Assistive Equipment.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338-340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The California MTUS do not specifically address the use of walkers in patients undergoing total knee replacement. The ACOEM guidelines recommend limited restriction of activity to avoid deconditioning. 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 use of a walker seems reasonable to allow for early mobility with reduced pain. Therefore, this request for DME purchase of a walker is medically necessary.

Shower Bench: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Bathtub seats.

Decision rationale: Under consideration is a request for post-operative shower bench. The California MTUS is silent regarding this durable medical equipment. The Official Disability Guidelines state that bathtub seats are considered a comfort or convenience item, hygienic equipment, & not primarily medical in nature. Guideline criteria have not been met. A shower bench would not be consistent with guidelines, but a 3 in 1 commode shower chair is being certified. This would be considered a duplicative request. Therefore, this request for a shower bench is not medically necessary.

Pre-Op Medical Clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Preoperative Testing.

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: Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Guideline criteria have been met. Middle-aged obese females have known occult increased medical/cardiac risk factors. Given these clinical indications, this request for pre-operative medical clearance is medically necessary.