

Case Number:	CM14-0064898		
Date Assigned:	07/18/2014	Date of Injury:	08/29/2013
Decision Date:	10/01/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/07/2014

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 Orthopaedic 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 60-year-old male sustained an industrial injury on 8/29/13. Injury occurred when heavy boxes of wire fell and hit him on his right arm and knees. The 9/24/13 right knee x-rays showed mild medial joint space narrowing and no acute bony injuries. Records indicated the patient was using a cane on a full time basis. The 1/2/14 treating physician report cited increasing right knee pain. The knee was painful with walking and sitting. He had recently recovered from sepsis and had been on IV antibiotics for 6 weeks. Knee exam documented mild to moderate effusion, no erythema. A series of Supartz injections was provided without benefit. The 1/14/14 treating physician report indicated that radiographs were obtained and showed fairly severe osteoarthritis with nearly bone-on-bone along the medial compartment. The 4/1/14 treating physician report cited continued right knee pain. Physical exam documented the right knee to be warm with visible and palpable effusion. Body mass index was 31.66. There was a severe varus deformity. There was a knee flexion contracture of about 25 degrees with flexion to about 130 degrees. Prior aspirations of the knee were negative for infection. The diagnosis was psoriatic arthritis with underlying osteoarthritis of the right knee. Records indicated that the patient had failed activity modification, aspiration, steroid injections and viscosupplementation. The 4/9/14 utilization review denied the right total knee arthroplasty and associated requests based on a lack of clear documentation that the patient had failed physical therapy, and the submitted x-rays showed only mild narrowing of the medial joint space.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pre-Operative Medical Clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, Chapter 7- Independent Medical Examinations and Consultations

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: Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38

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 based on patient age, magnitude of surgical procedure, recumbent position, fluid exchange and the risks of undergoing anesthesia. Therefore, this request is medically necessary.

10 Day Rental of a Deep vein Thrombosis Calf Wrap: 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) Treatment in Workers' Compensation, Online Edition, Knee and Leg chapter, Venous thrombosis

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: The California MTUS is 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. Mechanical compression is recommended for use by all patients undergoing total knee arthroplasty in the recovery room and during the hospital stay. Guideline criteria have not been met. Guidelines generally support a 3 day hospital length of stay for total knee arthroplasty. This request for 10 day rental of a deep vein thrombosis unit exceeds guideline recommendations for use during the hospital stay. There is no documentation that anticoagulation therapy would be contraindicated or standard compression stockings insufficient for post-hospital DVT prophylaxis. Therefore, this request is not medically necessary.

Total Right Knee Arthroplasty: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery - Knee arthroplasty: Criteria for knee joint replacement

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 knee joint replacement when surgical indications are met. Specific criteria include exercise and medications or injections, limited range of motion, 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. Guideline criteria have been met. Records indicate that this patient has severe osteoarthritis with near bone-on-bone in the medial compartment and a 23 degree knee contraction and severe varus deformity. The patient has failed reasonable conservative treatment with significant functional loss. Therefore, this request is medically necessary.

10 Day Rental of a 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 (ODG) Treatment in Workers' Compensation, Online Edition, Knee and Leg chapter, Continuous-flow cryotherapy

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 7 days in the post-operative setting following knee surgery. The available scientific literature is insufficient to document that the use of continuous-flow cooling systems (versus ice packs) is associated with a benefit beyond convenience and patient compliance (but these may be worthwhile benefits) in the outpatient setting. There is insufficient evidence to support the efficacy of a cold therapy unit over standard cold packs. Therefore, this request is not medically necessary.