

<b>Case Number:</b>	CM14-0068091		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	10/12/2001
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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:

The claimant is a 57-year-old, female who injured her left knee on 09/26/04. The medical records provided for review document that following a course of conservative care, the claimant underwent left total knee arthroplasty in 2011. The report of an orthopedic assessment on 05/31/13 described continued complaints of pain in the knee, described as constant in nature, with instability and the inability to bend the knee. It was noted that a hinged brace did not provided pain relief and that the claimant was being treated with medications. Physical examination findings noted that the left knee aspiration was negative for growth of bacteria and that the claimant had a negative infectious workup. Plain film radiographs showed no acute abnormality and that results of a bone scan were pending. The recommendation was made for revision surgery for the claimant's left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Revision left total knee arthroplasty:** 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 and Leg (Acute and Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Knee joint replacement.

**Decision rationale:** Based on the California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for revision left total knee arthroplasty would not be indicated. The claimant's current clinical presentation fails to demonstrate physical examination findings to support the need for a revision procedure. There is no indication of loosening or malalignment of the implant on imaging and it is documented that the claimant has had a negative infectious workup. Without documentation of an indication for the procedure and recent physical findings, the acute need of a revision surgery in this individual would not be supported.

**3 nights inpatient stay:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, ICD-9 Index.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure.

**Decision rationale:** The request for revision left total knee arthroplasty is not recommended as medically necessary. Therefore, the request for a three day inpatient stay would also not be medically necessary.

**PA-assistant for surgery:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid services, Physician Fee Schedule Search<http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>.

**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: Milliman Care Guidelines 18th edition: assistant surgeon Assistant Surgeon Guidelines (Codes 27256 to 27465).

**Decision rationale:** The request for revision left total knee arthroplasty is not recommended as medically necessary. Therefore, the request for an assistant surgeon would also not be medically necessary.

**Pre-op primary care physician visit for medical clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, Pages 92-93.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** The request for revision left total knee arthroplasty is not recommended as medically necessary. Therefore, the request for a preop primary care physician office visit for medical clearance also would not be medically necessary.

**H & P to be done by internist for pre-op visit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, Pages 92-93.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** The request for revision left total knee arthroplasty is not recommended as medically necessary. Therefore, the request for an H&P to be done at the preop visit is also not medically necessary.

**1 Home Health RN evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Chronic.

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

**Decision rationale:** The request for revision left total knee arthroplasty is not recommended as medically necessary. Therefore, the request for one home health RN evaluation would also not be medically necessary.

**9 in-home PT sessions:** Upheld

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

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

**Decision rationale:** The request for revision left total knee arthroplasty is not recommended as medically necessary. Therefore, the request for nine in home PT sessions would also not be medically necessary.

**1 CPM:** 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 and Leg (Acute and Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Continuous passive motion (CPM).

**Decision rationale:** The request for revision left total knee arthroplasty is not recommended as medically necessary. Therefore, the request for a CPM machine would also not be medically necessary.

**Cold Compress 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 and Leg (Acute and Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 337-339.

**Decision rationale:** The request for revision left total knee arthroplasty is not recommended as medically necessary. Therefore, the request for a cold compress unit would also not be medically necessary.

**Fragmin 5000 units Sub Q QD (pre-filled syringes X 10 days):** 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 and Leg (Acute and Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Venous thrombosis.

**Decision rationale:** The request for revision left total knee arthroplasty is not recommended as medically necessary. Therefore, the request for DVT prophylaxis would also not be medically necessary.

**3 in 1 commode:** 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 and Leg (Acute and Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Durable medical equipment (DME).

**Decision rationale:** The request for revision left total knee arthroplasty is not recommended as medically necessary. Therefore, the request for a three in one commode would also not be medically necessary.

**1 Front wheel walker:** 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 and Leg, (Acute and Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Durable medical equipment (DME).

**Decision rationale:** The request for revision left total knee arthroplasty is not recommended as medically necessary. Therefore, the request for a front wheeled walker would also not be medically necessary.

**1 Post-Op visit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** The request for revision left total knee arthroplasty is not recommended as medically necessary. Therefore, the request for one postop visit would also not be medically necessary.