

<b>Case Number:</b>	CM14-0074215		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	05/16/1998
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 62-year-old female injured in a work-related accident on May 16, 1998. The records provided for review were specific to the claimant's left knee and documented a diagnosis of degenerative arthritis. A February 8, 2014, MRI report showed osteophyte formation to all three compartments, radial tearing to the lateral and medial meniscus, and pronounced medial joint space narrowing. A follow-up clinical report dated April 30, 2014, described the claimant's current complaints and stated that a prior corticosteroid injection failed to reduce symptoms. The claimant is scheduled to receive a series of viscosupplementation injections. The claimant's body mass index is noted to be 30. Physical examination of the left knee showed motion from 0 to 130 degrees and medial joint line tenderness. This request is resubmission of a prior, denied request for left knee arthroplasty, as well as the following postoperative services: Percocet, Norco, six sessions of physical therapy, 12 sessions of physical therapy and Lovenox.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **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.

**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 - Knee joint replacement Recommended as indicated below. Total hip and total knee arthroplasties are well accepted as reliable and suitable surgical procedures to return patients to function. The most common diagnosis is osteoarthritis. Overall, total knee arthroplasties were found to be quite effective in terms of improvement in health-related quality-of-life dimensions, with the occasional exception of the social dimension. Age was not found to be an obstacle to effective surgery, and men seemed to benefit more from the intervention than did women. (Ethgen, 2004) Total knee arthroplasty was found to be associated with substantial functional improvement. (Kane, 2005) Navigated knee replacement provides few advantages over conventional surgery on the basis of radiographic end points. (Bathis, 2006) (Bauwens, 2007) The majority of patients who undergo total joint replacement are able to maintain a moderate level of physical activity, and some maintain very high activity levels. (Bauman, 2007) Functional exercises after hospital discharge for total knee arthroplasty result in a small to moderate short-term, but not long-term, benefit. In the short term physical therapy interventions with exercises based on functional activities may be more effective after total knee arthroplasty than traditional exercise programs, which concentrate on isometric muscle exercises and exercises to increase range of motion in the joint. (Lowe, 2007) Accelerated perioperative care and rehabilitation intervention after hip and knee arthroplasty (including intense physical therapy and exercise) reduced mean hospital length of stay (LOS) from 8.8 days before implementation to 4.3 days after implementation. (Larsen, 2008) In this RCT, perioperative celecoxib (Celebrex) significantly improved postoperative resting pain scores at 48 and 72 hrs, opioid consumption, and active ROM in the first three days after total knee arthroplasty, without increasing the risks of bleeding. The study group received a single 400 mg dose of celecoxib, one hour before surgery, and 200 mg of celecoxib every 12 hours for five days. (Huang, 2008) Total knee arthroplasty (TKA) not only improves knee mobility in older patients with severe osteoarthritis of the knee, it actually improves the overall level of physical functioning. Levels of physical impairment were assessed with three tools: the Nagi Disability Scale, the Instrumental Activities of Daily Living Scale (IADL) and the Activities of Daily Living (ADL) Scale. Tasks on the Nagi Disability Scale involve the highest level of physical functioning, the IADL an intermediate level, and the ADL Scale involves the most basic levels. Statistically significant average treatment effects for TKA were observed for one or more tasks for each measure of physical functioning. The improvements after TKA were "sizeable on all three scales, while the no-treatment group showed declining levels of physical functioning. (George, 2008) This study showed that total knee replacement is second the most successful orthopaedic procedure for relieving chronic pain, after total hip. The study compared the gains in quality of life achieved by total hip replacement, total knee replacement, surgery for spinal stenosis, disc excision for lumbar disc herniation, and arthrodesis for chronic low back pain. Hip replacement reduced pain to levels normal for age, reduced physical functioning to within 75% normal levels, and restored quality of life to virtually normal levels. Total knee replacement was the next most successful procedure, and it all but eliminated pain, improved physical functioning to 60% normal, and restored quality of life to within 65% of normal. (Hansson, 2008) A 6-week program of progressive strength training targeting the quadriceps femoris muscle group substantially improves strength and function following total knee.

**Decision rationale:** California MTUS ACOEM Guidelines do not provide criteria relevant to this request. Based on Official Disability Guidelines, left knee arthroplasty would not be supported. Under ODG Guidelines criteria, conservative care, including injection therapy, would need to be exhausted before considering surgery in claimants with this clinical presentation and who are greater than 50 years old with a body mass index of 35 or less. While this claimant meets the age and BMI criteria, the records note that she is scheduled for but has not completed a viscosupplementation series. Given this factor, the request for left knee arthroplasty would not be medically indicated.

**Percocet 10/325MG #40: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : Opioids- Criteria For Use, page 76-80.

**Decision rationale:** The request for left knee arthroplasty is not established as medically necessary. Therefore, the request for the postoperative use of Percocet is not medically necessary.

**Norco 10/325Mg #40: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : Opioids- Criteria For Use, page 76-80. Therapeutic Trial of Opioids1).

**Decision rationale:** The request for left knee arthroplasty is not established as medically necessary. Therefore, the request for the postoperative use of Norco is not medically necessary.

**Post Operative In Home Physical Therapy 3 Times a Week for 2 Weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines - : Home health services, page 51. Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed Page(s): 51, Postsurgical Treatment Guidelines.

**Decision rationale:** The request for left knee arthroplasty is not established as medically necessary. Therefore, the request for six sessions of postoperative home physical therapy is not medically necessary.

**Post Operative Physical Therapy 3 Times a Week for 4 Weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The request for left knee arthroplasty is not established as medically necessary. Therefore, the request for 12 sessions of postoperative physical

therapy is not medically necessary.

**Lovenox 40 Mg #14:** Upheld

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

**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 left knee arthroplasty is not established as medically necessary. Therefore, the request for the postoperative use of Lovenox is not medically necessary.