MAXIMUS Federal Services

Case Number:	CM14-0078663		
Date Assigned:	07/18/2014	Date of Injury:	04/24/2002
Decision Date:	08/25/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	05/29/2014

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 55-year-old female registered nurse sustained an industrial injury on 4/24/02. Injury occurred when an empty gurney ran over her foot. The patient was diagnosed with chronic left lower extremity neuropathic syndrome, degenerative left hip osteoarthritis, cervical spondylosis and strain, and plantar fasciitis. Past surgical history was positive for plantar fascial release on 5/2/06. The patient had a history of somatoform pain disorder with associated psychological issues. The patient underwent right total knee arthroplasty on 9/21/07. The patient experienced an onset of right knee infection in 2012 with a request for prosthesis removal surgery noted on 10/23/12. A DWC form dated 5/12/14 requested a second surgical opinion and a total knee replacement. The patient was reported in constant pain with significant loss of function. There was a limited range of motion. The diagnosis was status post right total knee replacement with infection requiring removal. Records also indicated the patient used a wheelchair for long distances and a cane for short distances. The surgical request appeared to be certified. The 5/21/14 utilization review modified the request for a Polar care unit for 21 day rental to a 7-day rental consistent with guidelines. The requests for a hospital bed, bedside commode, and knee brace were deemed not medically necessary. The request for a co-surgeon was denied; the use of an assistant surgeon was indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Polar care x 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 -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 5/21/14 utilization review modified the request for 21 day rental to 7-day rental. There is no compelling rationale presented to support the medical necessity of a cold therapy unit beyond guideline recommendations and previous certification. Therefore, this request for Polar Care x 21 day rental is not medically necessary.

Hospital Bed x 1 month 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 -Knee And Leg Chapter; Durable Medical Equipment.

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, Durable medical equipment (DME).

Decision rationale: The California MTUS is silent regarding this type of equipment. The Official Disability Guidelines state the durable medical equipment is generally recommended if there is a medical need. Guideline criteria have been met. There is no current documentation to support the medical necessity of a hospital bed for this patient. A hospital bed does not customarily serve a medical purpose and is primarily used for convenience in the home. Therefore, this request for a hospital bed x 1 month rental is not medically necessary.

Bedside Commode: 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 And Leg Chapter; Durable Medical Equipment.

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, Durable medical equipment (DME).

Decision rationale: The California MTUS is silent regarding this type of equipment. The Official Disability Guidelines state the durable medical equipment is generally recommended if there is a medical need and the device meets the Medicare definition of durable medical equipment. Certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the

patient is bed- or room-confined, and may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. Guideline criteria have been met. This patient has significant functional limitations pre-operatively. It seems reasonable to allow for a bedside commode. Therefore, this request for a bedside commode is medically necessary.

Post-operative Brace: 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 And Leg Chapter; Durable Medical Equipment.

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 brace.

Decision rationale: The California MTUS does not provide recommendations for knee braces following total knee arthroplasty. The Official Disability Guidelines support the use of pre-fabricated braces for the following conditions: knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, or tibial plateau fracture. Guideline criteria have been met. Records indicate the patient has a painful failed total knee arthroplasty. The use of a post-operative brace is supported following a total knee replacement for pain control and to address quadriceps weakness. Therefore, this request for a post-op brace is medically necessary

Co-surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopaedic Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics: Role of the First Assistant.

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