

Case Number:	CM14-0091268		
Date Assigned:	08/11/2014	Date of Injury:	08/02/2013
Decision Date:	09/12/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/16/2014

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 61-year-old male daily deli manager sustained an industrial injury on 2/7/07 while unpacking product from a pallet. The 6/26/14 treating physician progress report cited severe left knee pain and swelling. There was significant functional difficulty with activity. Physical exam demonstrated large effusion, medial joint line tenderness, and range of motion 0-125 degrees with pain and crepitus. X-rays demonstrated end-stage degenerative joint disease of the left knee with bone-on-bone arthrosis of the medial compartment, and degenerative joint disease involving the patellofemoral joint and lateral compartment. Previous treatment had included arthroscopic surgery, anti-inflammatory medications, corticosteroid injections, and viscosupplementation injections without sustained improvement. A total knee arthroplasty was requested with pre-operative and post-operative services and durable medical equipment. The 7/3/14 utilization review certified the requests for left total knee arthroplasty surgery, post-operative physical therapy x 12 sessions. Pre-operative clearance and testing and durable medical equipment requests were modified as these requests were non-specific. Home health services were denied as not supported by documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right total Knee arthroplasty: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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 guidelines are silent with regard to the requested procedure. The Official Disability Guidelines provide specific criteria for knee joint replacement that include provision of comprehensive conservative care, failure of comprehensive conservative care, age greater than 50 years, and imaging findings of significant end-stage osteoarthritis of the knee. Guideline criteria have been met. This patient presents with imaging and exam findings consistent with end-stage left knee osteoarthritis. Conservative treatment has been tried and failed. The 7/3/14 utilization review certified this request consistent with guidelines. With the presumption of this being the LEFT knee being appealed and In agreement with the original decision; this request is medically necessary.

Post Op Physical Therapy twelve (12) sessions.: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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. Guideline criteria have been met. The 7/3/14 utilization review certified this request consistent with guidelines. In agreement with the original decision, this request is medically necessary.

Pre op Clearance, History and Physical: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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. Males over the age of 60 have known occult increased medical/cardiac risk factors. Given these clinical indications, this request for pre-operative clearance with history and physical is medically necessary.

Pre Op Labs: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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 most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. This was a non-specific request for pre-operative lab work. The 7/3/14 utilization review modified the non-specific request and certified lab work including CBC, CMP, PT, PTT, and UA. There is no compelling reason to support the medical necessity of additional lab testing. Therefore, this request is not medically necessary.

Pre Op EKG: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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 state that an EKG may be indicated for patients with known cardiovascular risk factors or for patients with risk factors identified in the course of a pre-anesthesia evaluation. Guideline criteria have been met. Middle-aged males have known occult increased cardiovascular risk factor to support the medical necessity of a pre-procedure EKG. The 7/3/14 utilization review certified this request consistent with guidelines. In agreement with the original decision, this request is medically necessary.

Pre Op Chest X-Ray: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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: ACR Appropriateness Criteria® routine admission and preoperative chest radiography. Reston (VA): American College of Radiology (ACR); 2011. 6 p.

Decision rationale: The California MTUS guidelines do not provide recommendations for pre-operative chest x-ray. The Official Disability Guidelines state that the decision to order pre-operative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. 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.

Home health services.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: Under consideration is a request for non-specific home health services. The California MTUS recommends home health services only for otherwise recommended treatment for patients who are homebound, on a part time or intermittent basis. 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. Guideline criteria have not been met. There is no clear documentation as the type of home health services being recommended for this patient to establish medical necessity. Therefore, this request is not medically necessary.

Cold therapy unit seven (7) day rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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 7/3/14 utilization review decision modified a

non-specific request for cold therapy unit to a 7-day rental. There is no compelling reason in the records reviewed to support the medical necessity of a cold therapy unit beyond the 7-day rental recommended by guidelines and previously certified. Therefore, this request is not medically necessary.

CPM Unit twenty one (21) day rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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 for CPM use. The 7/3/14 utilization review modified a non-specific request for rental of a CPM unit to 21-day rental. There is no compelling reason in the records reviewed to support the medical necessity of a CPM unit beyond the 21-day rental recommended by guidelines and previously certified. Therefore, this request is not medically necessary.

Knee immobilizer purchase: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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 do not provide guidance for knee braces status post 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. 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 is medically necessary.

Walker purchase: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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, Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The California MTUS support assistive devices to allow partial weight bearing for patients with knee complaints. 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. Guideline criteria have been met for the post-op use of a walker following total knee arthroplasty. Therefore, this request is medically necessary.