

<b>Case Number:</b>	CM14-0181479		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	02/25/2012
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 Minnesota. 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 injured worker is a 61-year old female with a history of industrial injury on 2/25/2012 when she tripped on some boxes and fell. She has advanced degenerative joint disease of both knees and has failed medication, physical therapy, viscosupplementation, and corticosteroid injections. An MRI scan of the left knee dated 4/16/2012 revealed medial compartment osteoarthritis and a horizontal cleavage tear of the posterior horn of the medial meniscus, and grade 2-3 chondromalacia of patella. X-rays on 8/27/2014 revealed the medial compartment to be bone on bone. Per correspondence dated 9/26/2014 they were proceeding with a right total knee arthroplasty and awaiting UR approval of the left total knee. The disputed issue pertains to UR denial of the left total knee arthroplasty and ancillary services based upon the last reported BMI of 40 which exceeded the upper limit of 35 per ODG guidelines at that time. However, since that time the ODG indications for a total knee arthroplasty have been revised and the upper limit of BMI has been raised to 40. The injured worker meets the other ODG criteria for a total knee arthroplasty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Total knee arthroplasty-left:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg/Indications for Surgery-Knee arthroplasty

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Knee, Topic: Total Knee Arthroplasty.

**Decision rationale:** California MTUS does not address this issue. The injured worker meets the ODG criteria for a total knee arthroplasty which include involvement of 2 compartments with severe osteoarthritis, conservative care with exercise therapy, medications, and viscosupplementation and no relief, subjective findings of functional limitations, age over 50 and BMI borderline at 40, and imaging findings of advanced osteoarthritis in 2 compartments. The UR denial was based on prior ODG criteria of BMI under 35 which has since been updated to 40. Based upon the above, the request for a total knee arthroplasty is appropriate and medically necessary.

**Associated surgical services: additional post-op physical therapy, twice a week for 6 weeks, left knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24, 10, 11.

**Decision rationale:** The Postsurgical Treatment Guidelines recommend an initial course of therapy of 12 visits for a total knee arthroplasty. The general course of therapy is 24 visits over 10 weeks. The physical medicine treatment period is 4 months. The requested 12 visits are within the guidelines and are appropriate and medically necessary.

**Associated surgical services: assistant surgeon:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back-Surgical Assistant

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section::Low Back, Topic: Surgical Assistant.

**Decision rationale:** California MTUS guidelines do not address this issue. A total knee arthroplasty is a complex procedure and an assistant surgeon familiar with the procedure is necessary per ODG guidelines and AAOS guidelines. Therefore the request for an assistant surgeon is appropriate and medically necessary.

**Associated surgical services: walker:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Knee, Topic: Walking aids.

**Decision rationale:** California MTUS does not address walking aids after knee surgery. ODG criteria were therefore used. A walking aid such as a walker is necessary for post-operative ambulation and safety. The request for a walker is appropriate and medically necessary per guidelines.

**Associated surgical services: continuous passive motion device for the left knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Knee, Topic: Continuous Passive Motion.

**Decision rationale:** California MTUS does not address this issue. ODG Guidelines recommend use of continuous passive motion as an option after a total knee replacement. A home rental for 17 days is recommended. However, the request as stated does not specify purchase or rental and the length of rental. Therefore the request as stated is not medically necessary.