

Case Number:	CM14-0186408		
Date Assigned:	11/18/2014	Date of Injury:	07/05/2006
Decision Date:	01/06/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/10/2014

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:

This 61-year old female sustained an industrial injury on July 5, 2006 when she missed a step on the stairs and fell onto her knees. She underwent prolonged conservative care, arthroscopic surgery and an eventual total knee arthroplasty of the right knee in July 2012 with a good result. Her left knee was treated conservatively with injections and arthroscopic surgery. The documentation indicates a good response to Synvisc injections in 2010. However, the degenerative changes have since worsened. Xrays have revealed progressive loss of the medial joint space which is bone on bone at this time. The records also document a history of lupus. She has low back pain with evidence of nerve root compression at L4-5 and L5-S1 levels on the left. There is an old compression fracture of L1. She has completed the ODG criteria of exercise therapy, NSAIDs, and viscosupplementation in the past and has subjective evidence of limited range of motion which was recently documented at 3-93 degrees with a joint effusion. She has night time pain with no relief from conservative treatment. There is documentation of current functional limitations. She complains of increasing left knee pain and low back pain and was limping on her left knee. Her gait is antalgic and she has a varus deformity. An x-ray showed moderately advanced osteoarthritis of the left knee with the medial compartment being bone-on-bone. The MR arthrogram revealed tricompartmental osteoarthritis. A request was made for pre-op labs, chest x-ray, EKG, 2-day in-patient hospital stay and a left total knee arthroplasty. On November 6, 2014, utilization review denied the request citing ODG criteria. In particular she did not meet the range of motion requirement, and there was no documentation of recent physical therapy and corticosteroid injections or viscosupplementation. BMI was not reported. However, the BMI has since been reported as 38, evidence of prior physical therapy has also been provided, and evidence of decreased range of motion has been provided. According to the 11/3/2014 progress note a request for authorization for 3 injections of Synvisc has been

submitted. An MRI scan of the lumbar spine dated 8/22/2014 revealed evidence of nerve root compression at L4-5 and L5-S1 on the left which may also be contributing to the left leg pain; however the provider states that there is no radiculopathy. In any case, she needs a left total knee arthroplasty and meets the ODG criteria for the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

pre-op labs: Overturned

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

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: Pre-op lab testing.

Decision rationale: California MTUS does not address this issue. ODG guidelines indicate the decision for pre-operative labs should be based on the presence of co-morbidities. There is a history of Lupus which can result in significant co-morbidities. The surgical procedure may be associated with significant blood loss and fluid replacement. This may necessitate baseline lab values. Therefore the request for pre-operative labs is appropriate and medically necessary.

2day Inpatient Stay: Overturned

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

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: Hospital length of stay.

Decision rationale: California MTUS guidelines do not address this issue. ODG guidelines indicate a best practice target of 3 days for a total knee arthroplasty. The request as submitted is for a 2 day stay which is within the guidelines and is appropriate and medically necessary.

Total Knee Arthroplasty: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Chapter Knee and 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: Total Knee Arthroplasty

Decision rationale: California MTUS does not address this issue. The injured worker meets the ODG criteria for a total knee arthroplasty. There is evidence of conservative care including prior exercise therapy, medical management with NSAIDs, and evidence of prior injection therapy. There is evidence of subjective requirements of limited range of motion which was 3-97 degrees on 7/8/2014 and 3-93 degrees on 11/3/2014. There is evidence of night time joint pain with no relief from conservative care. There is documentation of current functional limitations. There is objective evidence of age over 50 and BMI less than 40. There is MRI evidence of tricompartmental osteoarthritis and x-ray evidence of loss of the medial joint space on weight bearing films associated with a varus deformity. The prior UR denial was based upon insufficient documentation of physical therapy or conservative care with injections or NSAIDs and insufficient evidence of loss of range of motion. This has since been provided. The injured worker meets the ODG criteria for a total knee arthroplasty. The requested procedure is appropriate and medically necessary.

Chest X-Rays: Overturned

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

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: Pre-op testing, general.

Decision rationale: ODG guidelines indicate pre-operative chest x-rays should be guided by the results of the history and physical examination particularly the cardiovascular status. It should also depend on the post-operative risk of complications such as pulmonary embolism and pneumonia. Although routine pre-operative chest-x-rays are not recommended, there is a risk of the above post-operative complications and as such a pre-operative chest x-ray is medically necessary.

EKG: Upheld

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

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: Pre-operative electrocardiogram.

Decision rationale: California MTUS does not address this issue. ODG guidelines indicate evaluation of cardiovascular risk factors by doing a history and physical evaluation. If possible signs and symptoms of cardiovascular disease are discovered an EKG will be necessary. However, for Intermediate Risk Surgery such as orthopedic surgical procedures EKGs are only recommended in the presence of a history of ischemic heart disease, compensated or prior heart failure, history of cerebrovascular disease, diabetes, or renal insufficiency. The documentation does not indicate the presence of these risk factors. However, if during the course of a pre-

operative history and physical examination or laboratory testing any of the above risk factors are discovered an EKG will be medically necessary. Routine EKGs are not supported by guidelines and as such are not medically necessary.