

Case Number:	CM14-0186670		
Date Assigned:	11/17/2014	Date of Injury:	06/14/2007
Decision Date:	01/16/2015	UR Denial Date:	10/16/2014
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 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 60 year old female sustained a work related injury on 06/14/2007 when she tripped over an electrocardiogram cord and while trying to catch herself, she twisted her left knee. She did not fall to the ground but she could feel that her knee gave out. Subsequently, she had immediate swelling of the knee. On 02/26/2008, the injured worker underwent left unicompartmental knee replacement with Smith and Nephew with 9mm polyethylene spacer, medium tibial component cemented and medium Oxinium femoral component; resection of adhesions/synovectomy; subcutaneous lateral release. An x-ray of the left knee performed on 06/23/2014 revealed: medial left hemiarthroplasty. Curvilinear lucencies associated with the tibial-prosthetic bone interface were new from the prior exam. This may represent loosening or periprosthetic fracture. Minimal periprosthetic lucencies associated with the posterior aspect femoral prosthesis/bone interface not definitely present on the prior exams. This may be a normal finding versus loosening or less likely infection. A three phase bone scan of the knees performed on 07/17/2014 due to left knee pain revealed slight post-flow hyperemia about the left knee and mildly increased activity in both medial and lateral tibial condyles of the left knee. These findings suggest postoperative change or the residual of osteoarthritic change of the knee. Based on the report of a prior study of 2009, there has been mild improvement. Minor osteoarthritic change is noted also in the medical compartment of the right knee. Documentation included reports from prior studies dating back to 05/08/2009. As of an office visit on 10/06/2014, the injured worker was seen in follow up for left knee pain. She reported no changes from a previous visit and stated that her right knee was bothering her as well. Pain was described as pin daily throbbing radiating to her hip. The injured worker was taking Methadone and Percocet for back pain and awaiting a possible procedure for her spine. Work status is retired. She performed home exercises. Diagnosis included osteoarthritis knee and complications due to other internal orthopedic device. Physical exam

revealed medial tenderness bilaterally, range of motion 5-120 in the left and 0-126 in the right, bilateral crepitus and positive for McMurray's on the right knee. The injured worker would like to pursue a revision of her unicompartment knee to total knee replacement of the left knee. This had been delayed due to a deep vein thrombosis that occurred following an airplane flight. According to the provider, the pain in the right knee could be aggravated by the offloading that she is needed to do secondary to her loose tibial component on her left knee. The provider recommended surgery due to the lack of response to aggressive conservative treatment, including home exercises, medications and time. On 10/16/2014 Utilization Review non-certified revision of unicompartment knee replacement of total knee replacement left knee, surgical assistant, pre-op history and physical with electrocardiogram and labs, prophylactic Enoxaparin x 21 days, game ready accelerated recovery system x 30 days, knee CPM rental x 21 days, home health nurse visit for staple removal x 1 visit, home physical therapy x 6 visits and outpatient physical therapy x 12 visits that was requested on 10/09/2014. According to the Utilization Review physician, there is insufficient information on the recent conservative management of the injured worker's left knee with rehabilitation, the number of visits and outcome, use of medications and outcome and subjective complaints. The recent three phase bone scan of the knee suggest postoperative changes or mild osteoarthritis changes and based on the previous 2009 study a mild improvement. There is x-ray evidence of lucencies that may represent loosening and less likely infection. There were mild osteoarthritic changes in the medial compartment. Since the requested surgical procedure was denied, the requested surgical assistant, pre-op history and physical with electrocardiogram and labs, prophylactic Enoxaparin x 21 days, game ready accelerated recovery system x 30 days, knee CPM rental x 21 days, home health nurse visit for staple removal x 1 visit, home physical therapy x 6 visits and outpatient physical therapy x 12 visits is denied. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Revision of unicompartment knee replacement of total knee replacement, left knee: Upheld

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

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

Decision rationale: The California MTUS/ACOEM is silent on the issue of total knee replacement. According to the Official Disability Guidelines, regarding Knee arthroplasty, criteria for knee joint replacement includes conservative care with subjective findings including limited range of motion less than 90 degrees. In addition, the patient should have a BMI of less than 35 and be older than 50 years of age. There must also be findings on standing radiographs of significant loss of chondral clear space or for revision cases evidence of periprosthetic loosening or hardware failure. The clinical information submitted demonstrates insufficient evidence to support a revision knee arthroplasty in this patient. There is no documentation from the exam notes from 10/6/14 of increased pain with initiation of activity or weight bearing. There

are no records in the chart documenting when physical therapy began or how many visits were attempted. There is no evidence in the cited examination notes of limited range of motion less than 90 degrees. Therefore, the guideline criteria have not been met. The request is not medically necessary.

Surgical assistant: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-Operative History and Physical with EKG and Labs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.guideline.gov/content.aspx?id=48408 and Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Prophylactic Enoxaparin x 21 days: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Game Ready accelerated recovery system x 30 days: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Knee CPM rental x 21 days: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Home health nurse visit for staple removal x 1 visit: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Home physical therapy x 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Outpatient physical therapy x 12 visits: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.