

<b>Case Number:</b>	CM14-0186858		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	09/04/2013
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 is a 52 year old male with a 9/4/13 injury date. In a 10/13/14 note, the patient complained of persistent left knee pain, joint swelling, and clicking and popping. Objective findings of the left knee included tenderness around all patellar facets, medial joint line tenderness, and a BMI of 36.9. The provider diagnosed the patient with advanced patellofemoral arthritis with evidence of patellar malalignment and stated that the previous arthroscopy helped the patient's symptoms by about 50%. The patient still complains of significant pain going up and down stairs and has completed physical therapy. Both patellofemoral arthroplasty and total knee replacement were discussed and considered, but the results of the former are suboptimal. In a 4/10/14 op note, it was noted that there was patellofemoral and lateral compartment disease. Diagnostic impression: left knee osteoarthritis, patellofemoral arthritis with patellar malalignment. Treatment to date includes medications including NSAIDS, bracing, physical therapy, and left knee arthroscopy (4/10/14). A UR decision on 10/20/14 denied the request for total left knee replacement because there was no mention of medial or lateral compartment disease, only patellofemoral compartment disease. The requests for pre-operative labs, EKG, post-operative physical therapy, and home health were denied because the associated surgical procedure was not certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Total Left Knee Replacement:** 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 & Leg, Knee joint replacement, 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): Knee Chapter--Arthroplasty

**Decision rationale:** The California MTUS does not address this issue. Official Disability Guidelines criteria for a total knee replacement include conservative care including viscosupplementation injections OR steroid injection, limited range of motion, nighttime joint pain, and no pain relief with conservative care; over 50 years of age AND Body Mass Index of less than 35; and osteoarthritis on imaging or arthroscopy report. However, there was no documented evidence of prior knee injections, knee range of motion, or nighttime joint pain. In addition, the patient's BMI was 36.9, which is above the guideline criteria. The patient may prove to be a good candidate for knee replacement surgery, but the documentation is insufficient at this time. Therefore, the request for total left knee replacement is not medically necessary.

**Associated Surgical Service: Pre-operative labs, electrocardiography:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative electrocardiogram

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter--Preoperative EKG and Lab testing

**Decision rationale:** The California MTUS does not address this issue. Official Disability Guidelines states that pre-operative testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgeries who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. However, since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated Surgical Service: Post-operative physical therapy twice a week for six weeks:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee Chapter-- Physical medicine treatment

**Decision rationale:** The California MTUS does not address this issue. Official Disability Guidelines supports 24 physical therapy sessions over 10 weeks after knee arthroplasty. However, since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated Surgical Service: Home health twice a week for two weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51, Postsurgical Treatment Guidelines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**Decision rationale:** The California MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. However, since the primary procedure is not medically necessary, none of the associated services are medically necessary.