MAXIMUS Federal Services

Case Number:	CM14-0195206		
Date Assigned:	12/02/2014	Date of Injury:	03/14/1995
Decision Date:	01/28/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/21/2014

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 who was injured on 3/14/1995. She underwent a right total knee arthroplasty in 2007. Per orthopedic notes of July 29, 2014 she did well for the first couple years and then she started having pain and stiffness. Her physician tried Celebrex and she underwent testing for possible loosening. She then went for a second opinion and underwent additional testing. She tried physical therapy and felt that her symptoms improved somewhat. On July 29, 2014 she was complaining of pain primarily over the tibia. Her knee flexion had decreased from an initial 110 to 90. On examination she weighed 200 pounds and walked with a slight limp. There was no redness or evidence of infection. She was tender with a bit of edema over the tibial tubercle area. X-rays revealed the knee prosthesis to be in good position without evidence of osteolysis or loosening. The only thing that appeared abnormal was some erosion of the patella on the medial patellar facet where it was not covered by the plastic button. The provider felt that there was no pressing need for revision. The recommendation was to start a course of physical therapy twice a week for 4 weeks. A bone scan was also recommended. On 9/24/2014 A triphase bone scan of both knees was performed. The overall pattern of the findings was not particularly suggestive of an infectious process related to the right knee. The delayed images showed some increased activity within the patella which was nonspecific. There was also some activity along the proximal tibia primarily medially in a pattern fairly similar to the previous examination. The findings were not definitive for loosening. On September 30, 2014 the physical therapy notes indicate that although she continued to have right knee pain she was feeling stronger than she had been in years. She was walking 1000 steps per day and swimming 25-35 minutes 2 times per week. She woke up without pain that morning. The knee flexion was 98 (passive). A request for a revision total knee arthroplasty was noncertified by utilization review on October 26, 2014 citing ODG guidelines. Since that time there is one additional

progress report dated 11/17/2014 according to which there was increasing pain reported. The treating physician noticed a lytic lesion underneath the medial portion of the tibial component on new x-rays. There was also a slight lytic lesion underneath the lateral portion of the tibial tray. Pain on/valgus stress was also reported. The plan was to try pool therapy and Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total knee arthoplasty revision- knee and leg (acute &chronic): Overturned

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

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: Revision Total Knee Arthroplasty.

Decision rationale: California MTUS guidelines do not address revision total knee arthroplasty. ODG guidelines are therefore used. The criteria for revision total knee arthroplasty include recurrent disabling pain, stiffness, and functional limitation that has not responded to appropriate conservative nonsurgical management such as exercise and PT. The documentation indicates that it did respond to PT and not only the range of motion improve but also there was improved strength and she woke up without pain on the morning of the report which was on September 30, 2014. However, after physical therapy was stopped her pain got worse. Based upon the location of pain, the relationship to weight bearing and the relationship to varus/valgus stress as well as the presence of radiolucencies under the tibial tray as documented by the treating physician on 11/17/2014 there is significant evidence of loosening of the tibial component. The prior utilization review denial was based upon the absence of definite evidence of loosening on the bone scan. However, this new information was not available at that time. Based upon this information, as well as the increasing subjective complaints as documented, the ODG criteria for a revision arthroplasty have been met and as such the medical necessity of the request for a revision total knee arthroplasty is substantiated. Therefore the request is medically necessary.

Assistant surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Centers for Medicare and Medicaid services (CMS)

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. Other Medical Treatment Guideline or Medical Evidence: American College of Surgeons, Surgical Assistant.

Decision rationale: An assistant surgeon actively assists the physician performing a surgical procedure and provides exposure and hemostasis and assists with every step to ensure safety and

efficiency. Evidence-based guidelines indicate an assistant is necessary in a revision total knee arthroplasty and as such the medical necessity of the request is established.

Twelve post-operative physical therapy sessions: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid services

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

Decision rationale: The postsurgical treatment guidelines indicate 24 visits over 10 weeks for a total knee arthroplasty. The initial course of therapy is one half of these visits which is 12. The postsurgical physical medicine treatment period is 4 months. The requested 12 postoperative physical therapy visits are within the guidelines and as such, the medical necessity of the request is established.

1 CPM device: 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 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: Continuous passive motion.

Decision rationale: California MTUS guidelines do not address this issue. ODG guidelines are therefore used. The guidelines recommended continuous passive motion for in hospital use or for home use in patients at risk of a stiff knee. Postoperative use may be considered medically necessary for 4-10 consecutive days (no more than 21 days). Based upon the above, a CPM rental for 21 days is appropriate and medically necessary. However, the request as stated for 1 CPM device does not specify if it is a purchase or rental and also does not specify the duration of the rental. As such, the request as stated is not medically necessary.

One walker: Overturned

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

Decision rationale: The guidelines recommend use of walking aids such as a walker after a total knee arthroplasty. Therefore the request for a walker as stated is appropriate and medically necessary.