

Case Number:	CM14-0211360		
Date Assigned:	02/05/2015	Date of Injury:	01/10/1997
Decision Date:	05/01/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 73-year-old female who reported an injury on 01/10/1997. The mechanism of injury was a fall. Prior treatments included cortisone injections and therapy. The documentation of 10/28/2014 revealed the injured worker needed help to stand to get out of bed or out of a chair because of severe pain. The injured worker had medial pain when she walked, which was moderate, and she was limited to less than one block using a cane. The injured worker had anterior pain with walking. The injured worker's knee would give way and the injured worker had pain at night. The injured worker was utilizing Vicodin occasionally. The physical examination revealed 2+ effusion. The injured worker had tenderness both anteriorly with compression of the patella and medial joint line. There was pain with active extension and quadriceps strength was 4/5. Range of motion was -5 to 120 degrees with full flexion. The injured worker had crepitation. The alignment was 8 degrees valgus. The knee be could be reduced to 6 degrees of valgus in flexion only and this caused mild pain. There was less than 5 mm of AP laxity and less than 5 degrees of medial lateral laxity. The diagnostic studies included weight-bearing x-rays, which revealed moderately severe loss of medial joint line space on the right knee and the left knee revealed similar findings. The lateral film revealed severe sclerosis about the patella and trochlear spurring. The diagnoses included right knee osteoarthritis. The impression included severe degenerative osteoarthritis of the right knee with severe symptoms and the treatment plan included a right total knee arthroplasty. Additionally, the request was made for a preoperative clearance before surgery: a preoperative medical clearance including x-rays (chest x-ray), laboratory work, and possible further testing based on the injured worker's

individual health issues. Additionally, the request was made for physical therapy 3 times per week for the first 5 weeks. Additionally, the physician documented the injured worker needed prothrombin time drawn 2 to 3 times per week following surgery until they are regulated. The visiting nurse would visit the injured worker 2 to 3 times per week to monitor the medical condition and draw the blood. Additionally, the injured worker would need a front wheeled walker, a cane, and a bedside commode. Additionally, the documentation indicated the injured worker's first visit would be 5 weeks postoperatively and she would see a physical therapist in the office as well as obtain radiographs for any evidence of implant position change.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Inpatient Stay (2-4 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), Knee and Leg Chapter, Knee Joint Replacement.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Hospital Length of Stay.

Decision rationale: The Official Disability Guidelines indicate that a hospital stay for a knee replacement is 3 days. This request would not be supported for up to 4 days. Given the above, the request for associated surgical service: inpatient stay for 2 to 4 days is not medically necessary.

Pre-Operative Chest X-Ray: 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), Knee and Leg Chapter, Knee Joint Replacement.

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 Testing, General.

Decision rationale: The Official Disability Guidelines indicate that chest radiography is reasonable for injured workers at risk of postoperative pulmonary complications if the results would change perioperative management. There was a lack of documentation indicating that the injured worker had a necessity for chest radiography and that the results would change perioperative management. Given the above, the request for preoperative chest x-ray is not medically necessary.

Pre-Operative Labs (CBC w/differential, comprehensive metabolic panel, PT and INR, PTT, UA w/relex to micro & culture): 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), Knee and Leg Chapter, Knee Joint Replacement.

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 Lab Testing.

Decision rationale: The Official Disability Guidelines indicate the necessity for preoperative testing should be guided by the injured worker's clinical history, comorbidities, and physical examination findings. Additionally, they indicate that a preoperative urinalysis is recommended for injured workers undergoing urologic procedures and those undergoing implantation of foreign material. They indicate that electrolyte and creatinine testing should be performed on injured workers with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. Injured workers should undergo a complete blood count when there is a risk of anemia or in injured workers in whom significant perioperative blood loss is anticipated. Anticoagulation studies are reserved for injured workers with a history of bleeding or medical conditions that predispose them to bleeding or those taking anticoagulants. The clinical documentation submitted for review indicated the requested studies were prior to the preoperative visit. There was a lack of documented rationale of exceptional factors to support the necessity for the recommended laboratory studies without the evaluation per the medical clearance physician. Given the above, the request for preoperative labs (CBC with differential, comprehensive metabolic panel, PT and INR, PTT, UA with relex to micro and culture) is not medically necessary.

Pre-Operative Physical Therapy Evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Knee Joint Replacement.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California Medical Postsurgical Treatment Guidelines indicate the postsurgical treatment for an arthroplasty is 24 visits over 10 weeks. Half the recommended number of visits is the initial number of therapy visits. A preoperative physical therapy evaluation would be appropriate if surgical intervention is found to be medically necessary. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if surgery does not occur. Given the above, the request for Pre-operative physical therapy evaluation is medically necessary.

Post-Operative Home Physical Therapy (3 times a week for 5 weeks): 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), Knee and Leg Chapter, Knee Joint Replacement.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California Medical Postsurgical Treatment Guidelines indicate that postsurgical treatment for an arthroplasty is 24 visits and the original number of sessions is half the recommended number of sessions, which would be 12. Fifteen sessions would be excessive. 12 sessions would be appropriate. Given the above, the request for postoperative home physical therapy 3 times a week for 5 weeks is not medically necessary.

Pre-Operative Medical Clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Knee Joint Replacement.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Society of General Internal Medicine (<http://www.choosingwisely.org>).

Decision rationale: Per the Society of General Internal Medicine Online, Preoperative assessment is expected before all surgical procedures. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur. Given the above, the request for preoperative medical clearance is medically necessary.

Initial Post-Operative Physical Therapy Visit: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Knee Joint Replacement.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California Medical Postsurgical Treatment Guidelines indicate the postsurgical treatment for an arthroplasty is 24 visits over 10 weeks. Half the recommended number of visits is the initial number of therapy visits. A preoperative physical therapy evaluation would be appropriate if surgical intervention is found to be medically necessary. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if surgery does not occur. Given the above, the request for initial post-operative physical therapy visit is medically necessary.

Post-Operative Home Health Nurse (2-3 times a week for 4 weeks): 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), Knee and Leg Chapter, Knee Joint Replacement.

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

Decision rationale: The California Medical Treatment Utilization Schedule recommends home health services for injured workers who are homebound and who are in need of part time or intermittent medical treatment of up to 35 hours per week. There was a lack of documentation to support a necessity for 8 to 12 visits by a nurse. Given the above, the request for Post-operative home health nurse 2-3 times a week for 4 weeks is not medically necessary.

Post-Operative X-Rays of the Right Knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Knee Joint Replacement.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The American College of Occupational and Environmental Medicine guidelines indicate that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. This would be true generally. However, the documentation indicated the physician was requested this x-ray postoperatively to make sure the components were in place. It would be appropriate. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if surgery does not occur. Given the above, the request for Post-operative x-rays of the right knee is medically necessary.