

Case Number:	CM15-0104167		
Date Assigned:	06/08/2015	Date of Injury:	01/14/2004
Decision Date:	07/10/2015	UR Denial Date:	05/16/2015
Priority:	Standard	Application Received:	06/01/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 65-year-old male who sustained an industrial injury on 1/14/04. The mechanism of injury was not documented. He is status post bilateral total knee replacements. Records from 3/14/13 through 7/9/14 indicated that the injured worker was doing well following bilateral total knee arthroplasty with good motion, strength, no swelling, and no pain. He presented on 2/19/15 with increased pain and swelling of the left knee after being very active. He was tenderness over the femoral component medially and laterally with moderate effusion. There was no instability and x-rays did not show any obvious evidence of loosening or osteolysis. The knee was aspirated and injected with Marcaine and Kenalog. The 3/26/15 treating physician report indicated that the corticosteroid injection only helped for a week or two, and symptoms were persistent. A bone scan was ordered to rule-out a loose prosthesis. The 4/22/15 three-phase bone scan documented increased uptake about the left knee arthroplasty in all three phases of imaging, most prominent at the medial compartment and along the distal lateral margin of the tibial component of the hardware. Correlation with the timing of the injured worker's knee surgery was recommended as increased uptake can be seen for years following knee arthroplasty. However, given the hyperemia on the flow phase of the imaging, correlation with any clinical signs or symptoms or laboratory findings of infection are recommended. Hardware loosening was not excluded. There was milder diffuse uptake about the right knee arthroplasty on the third phase of imaging only, likely postsurgical. The 4/23/15 treating physician report documented aspiration of the knee to be sent for culture and additional lab testing based on bone scan findings and to rule-out infection. The treating physician stated that the radiologist was unable to

exclude hardware loosening and he felt it most likely that there was aseptic loosening of the left total knee replacement. Based on persistent left knee symptoms with continued knee pain and swelling, and assuming lab studies will be negative, authorization was requested for revision left total knee with assistant surgeon, and outpatient physical therapy 24 sessions, one pair of crutches, and cryotherapy. Should lab studies return positive for infection, surgery would need to be staged. The 5/16/15 utilization review non-certified the request for revision total knee arthroplasty as there was no diagnostic or laboratory findings correlated with the bone scan that confirmed evidence of infection or aseptic loosening. The 5/19/15 treating physician appeal letter stated that the injured worker was having quite significant knee pain that was affecting his activities of daily living. Lab tests had been completed and were within normal limits. The treating physician opined that there was aseptic loosening of the prosthesis, which was consistent with the bone scan. Surgery was again requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Revision, Total Left Knee Replacement: 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 & Leg chapter (acute & chronic) - Revision, 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 and Leg: Revision total knee arthroplasty.

Decision rationale: The California MTUS does not provide recommendations for revision total knee arthroplasty. The Official Disability Guidelines recommend revision total knee arthroplasty for failed knee replacement when surgical indications are met. Criteria include recurrent disabling pain, stiffness and functional limitation that have not responded to appropriate conservative nonsurgical management (exercise and physical therapy), fracture or dislocation of the patella, component instability or aseptic loosening, infection, or periprosthetic fractures. Guideline criteria have been met. This injured worker presents with persistent left knee pain, swelling and tenderness with functional limitation in activities of daily living. A bone scan showed increased uptake most prominent along the tibial component of the hardware and could not exclude loosening and findings concerning for infection. Additional lab testing has ruled-out infection. He has been diagnosed with aseptic loosening of the left knee prosthesis consistent with the bone scan. Therefore, this 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 Centers for Medicare & Medicaid Services (CMS) URL [www.cms.gov/apps/physician-fee-schedule/overview.aspx].

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid services, Physician Fee Schedule: Assistant Surgeons, <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>.

Decision rationale: The California MTUS guidelines do not address the appropriateness of assistant surgeons. The Center for Medicare and Medicaid Services (CMS) provide direction relative to the typical medical necessity of assistant surgeons. The Centers for Medicare & Medicaid Services (CMS) has revised the list of surgical procedures, which are eligible for assistant-at-surgery. The procedure codes with a 0 under the assistant surgeon heading imply that an assistant is not necessary; however, procedure codes with a 1 or 2 implies that an assistant is usually necessary. For this requested surgery, CPT code 27487, there is a '2' in the assistant surgeon column. Therefore, based on the stated guideline and the complexity of the procedure, this request is medically necessary.

Physical therapy, outpatient, 24 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Physical Medicine Guidelines.

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

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for knee arthroplasty suggest a general course of 24 post-operative visits over 10 weeks during the 4-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. If it is determined additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. This is the initial request for post-operative physical therapy and, although it exceeds recommendations for initial care, is within the recommended general course. Therefore, this request is medically necessary.

1 pair, Crutches: 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 & Leg chapter (acute & chronic) - Walking aids.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The California MTUS guidelines support the use of crutches for partial weight bearing for patients with knee complaints. The Official Disability Guidelines state that disability, pain, and age-related impairments determine the need for a walking aid. Assistive devices can reduce pain and allow for functional mobility. The post-operative use of crutches is consistent with guidelines. Therefore, this request is medically necessary.

Cryotherapy: 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 chapter (acute & chronic) - Continuous flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: Continuous-flow cryotherapy.

Decision rationale: The California MTUS are silent regarding cold therapy devices. The Official Disability Guidelines recommend continuous flow cryotherapy as an option after knee surgery for up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. The use of a cold therapy unit would be reasonable for 7 days post-operatively. However, this request is for an unknown length of use, which is not consistent with guidelines. Therefore, this request is not medically necessary.