MAXIMUS Federal Services

Case Number:	CM15-0104362		
Date Assigned:	06/08/2015	Date of Injury:	09/04/2002
Decision Date:	08/28/2015	UR Denial Date:	05/14/2015
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: California, Indiana, Oregon
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 (IW) is a 51 year old female who sustained an industrial injury on 09/04/2002. She reported back pain, knee pain right and sciatic pain. The injured worker was diagnosed as having severe osteoarthritic changes of the right knee, acute. Treatment to date has included medications, surgery (meniscetomy (2002), hot packs, ice packs, and exercises. A MRI of 12/11/2014 showed a recurrent small radial partial tear of the posterior horn of the lateral meniscus, a focal osteochondral lesion in the lateral femoral condyle, and grade 3-4 chondral loss of the lateral compartment. There also was a diffuse, greater than 50% thickness articular cartilage loss of the patellofemoral compartment with subchondral cyst formation in the apex and lateral facet of the patella. In progress notes of 04/02/2015, the IW is still at a pain level of 8/10 reduced to 5/10 with medication. Medications include ibuprofen, Naprosyn, Soma, Vicodin ES, Zolpidem, Calcium, and Celebrex. On 05/01/2015, the progress notes state the worker may need a total knee replacement. A hyalgan injection and Norco are part of the treatment plan. A request for authorization was made for the following: Post -operative physical therapy 3 x 6 (right knee); Associated surgical service: Zimmer MRI of the right knee, Associated surgical service: 3-in-1 commode; Prospective usage of generic Norco 10/325mg #60 (post -operative); Pre-operative cardiac clearance; Right total knee replacement; Associated surgical service: CPM machine/kit (3 week rental or purchase); Associated surgical service: Front wheel walker; Prospective usage of generic Celebrex 200mg #60 (post-operative); and Associated surgical service: 2 day hospital stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative physical therapy 3 x 6 (right knee): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: Per the CA MTUS/Post-Surgical Treatment Guidelines, page 24, arthroplasty of the knee recommends 24 visits over 10 weeks with a post-surgical treatment period of 4 months. The guidelines recommend of the authorized visit initially therefore 12 visits are medically necessary. As the request exceeds the 12 visits, the request is not medically necessary.

Associated surgical service: Zimmer MRI of the right 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), Knee and Leg procedure summary.

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

Decision rationale: CA MTUS/ACOEM is silent on preoperative MRI for total knee arthroplasty. ODG knee is referenced. Routine MRI pre-op for TKA is not recommended. In this case there is a request for pre-operative MRI for total knee arthroplasty without substantiating evidence that guideline recommendations should be altered. Based on this it is not medically necessary.

Associated surgical service: 3-in-1 commode: 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 procedure summary.

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

Decision rationale: CA MTUS/ACOEM is silent on the use of shower chairs post operatively. ODG knee is referenced. Typically DME can be recommended, however it is note that most bathroom and toilet supplies do not typically serve a medical purpose and are primarily for convenience. Based on this the request is not medically necessary.

Prospective usage of generic Norco 10/325mg #60 (post operative): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 76-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80.

Decision rationale: 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. According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. In this case, there is a plan to use a small quantity of narcotics for acute pain management after a major knee surgery. Based on this the request is medically necessary.

Pre-operative cardiac clearance: 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), Preoperative testing.

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.

Decision rationale: CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states, these investigations 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. Preoperative ECG in patients without known risk factor for coronary artery disease, regardless of age, may not be necessary. CBC is recommended for surgeries with large anticipated blood loss. Creatinine is recommended for patient with renal failure. Electrocardiography is recommended for patients undergoing high risk surgery and those undergoing intermediate risk surgery who have additional risk factors. Patients undergoing low risk surgery do not require electrocardiography. Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is a healthy 51 year old without comorbidities or physical examination findings concerning to warrant preoperative testing prior to the proposed surgical procedure. Therefore the request is not medically necessary.