

Case Number:	CM15-0019992		
Date Assigned:	02/09/2015	Date of Injury:	05/11/2006
Decision Date:	04/09/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/02/2015

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: New York
Certification(s)/Specialty: Neurological 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:

This 52-year-old female had a date of injury of 05/11/2006. On 10/05/2006, she had a right arthroscopic meniscectomy. On 05/04 210 she had a right total knee arthroplasty and a revision on 03/15/11. According to the PR2 of 01/09/2015, the obese patient informed her doctor she would not exercise or lose weight. His exam disclosed 1-2+ medial opening of the right knee at 30 degrees of flexion, with a range of motion from 0-95. Very little strength in the knee was noted. He referred her to another provider who evidently assented in a recommendation for another TKA revision. Her PR2 of 12/15/14 found laxity of the medial ligaments with the patient having constant pain, worsened by standing, walking, going up and down stairs, rising from a chair, getting out of bed and walking on hills. She was taking ibuprofen and tramadol for pain. Utilization review denied several per-operative requests. These were appealed in a request for IMR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative office visit/labs including EKG/UA/PT/HHPT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC.

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- Preoperative electrocardiogram, general testing.

Decision rationale: The ODG guidelines note that preoperative electrocardiograms are recommended in patients undergoing high risk operations or for those patients undergoing intermediate risk procedures who have concomitant, associated cardiac risk factors. Documentation does not show this patient has underlying risk factors or previous heart problems with her prior operations. ODG guidelines do recommend laboratory tests where the knowledge gained from such tests would effect the post operative or intra-operative management. Documentation does not provide such evidence such tests would be needed.

Post-operative home health physical therapy 3 times a week for 3 weeks (right knee):
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) The knee chapter- Physical Medicine, Home health services.

Decision rationale: ODG guidelines indicate the patient is recommended to have Physical Medicine- 24 visits over ten weeks following a knee arthroplasty. However, the ODG guidelines for home health services recommend medical treatment only for patients who are home bound. Therefore, this patient who would be encouraged to exercise following surgery and would not be expected to be home bound. The requested treatment does not meet recommendations. The requested treatment: post-operative home health physical therapy (right knee) 2-3 post-operative visits (right knee) is not medically necessary and appropriate.

Post-operative home health Occupational Therapy (right knee) 2-3 post-operative visits:
Upheld

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

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.

Decision rationale: ODG guidelines indicate the patient is recommended to have Physical Medicine (occupational therapy) 24 visits over ten weeks following a knee arthroplasty. However, the ODG guidelines for home health services recommend medical treatment only for patients who are home bound. Therefore, this patient who would be encouraged to exercise following surgery and would not be expected to be home bound. The requested treatment does not meet recommendations. The requested treatment: post-operative occupational therapy (right knee) 2-3 post-operative visits (right knee) is not medically necessary and appropriate.

Post-operative outpatient physical therapy 3 times a week for 6 weeks (right knee): Upheld

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

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.

Decision rationale: ODG guidelines indicate the patient is recommended to have Physical Medicine- 24 visits over ten weeks following a knee arthroplasty. Therefore, this patient who would be encouraged to exercise following surgery. The requested treatment does not meet recommendations in quantity or frequency. The requested treatment: post-operative outpatient therapy (right knee) 3 times a week for 6 weeks is not medically necessary and appropriate.

Associates Surgical Services: Front wheeled walker: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Walking aids.

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-Walking aids.

Decision rationale: The ODG guidelines do recommend walking aids for those patients with bilateral disease. Documentation does not provide evidence the patient's left knee complaints are so severe that a four wheeled walker should be necessary. Therefore, the requested treatment: Associated surgical services: front wheeled walkers is not medically necessary and appropriate.

Associates Surgical Services: Crutches: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Walking aid.

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-walking aids.

Decision rationale: The ODG guidelines do recommend crutches as an assistive device to reduce pain. They note that a cane can be most efficacious in some patients. But the guidelines note that the key to good recovery is exercise and muscle strengthening, especially of the quadriceps.

Associates Surgical Services: 3 in 1 commode (elongated, if needed): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Durable medical equipment (DME).

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-Durable Medical Equipment (DME).

Decision rationale: ODG guidelines do recommend commodes as raised toilet seats which would be medically necessary as the patient had complaints of having difficulty with pain getting up from chair. Documentation of the patient's leg weakness also supports the necessity for the associated surgical service of the 3 in 1 commode. Thus the Requested treatment: associated surgical services: 3 in 1 commode (elongated, if needed) is medically necessary and appropriate.

Associates Surgical Services: wedge cushion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise.

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-insoles.

Decision rationale: The ODG guidelines do recommend lateral edge insoles in mild osteoarthritis but not in advanced stages of osteoarthritis. Since this patient has undergone knee arthroplasty then obviously her disease is not mild. The guidelines noted that lateral wedged insoles may be appropriate in the pain management of medial knee osteoarthritis in women with less severe osteoarthritis. But this requested treatment of wedge cushions is not medically necessary and appropriate.

Associates Surgical Services: Joint Kit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, 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 Chapter.

Decision rationale: Home exercise kits are only recommended for those patients who are home bound. Evidence is not provided in the documentation that the patient should be homebound. According to the documentation items included in the joint kit are provided for patients who would be much more immobilized that one would expect this patient to be. Thus this requested treatment: Associates surgical services: Joint kit is not medically necessary and appropriate.

Prospective use of Percocet 5/325 #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid classifications: short acting; Criteria for use of opioids Page(s): 75, 76, 78.

Decision rationale: According to the California MTUS guidelines, a therapeutic plan tailored to the patient should be established. The short acting opioid Percocet whose duration of action is usually 3-4 hours has been requested. Documentation does not furnish evidence a therapeutic plan has been established. The guidelines suggest a psychological assessment should have been accomplished. Evidence of this is not found in the documentation. Moreover, guidelines recommend the smallest amount of medication with the least frequency be established. This request does not contain use guidelines. Thus, the requested treatment prospective use of Percocet 5/325 #150 is not medically necessary and appropriate.

Post-operative office visits and treatments (right knee): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Evaluation and management (E&M).

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-Office visits.

Decision rationale: According to the ODG guidelines, office visits are recommended as determined to be medically necessary. The determination of necessity for an office visit requires individualized case review and assessment. Documentation does not contain a plan or projected assessment as to the extent and content of the visits and treatments (right knee) expected. This requested treatment: Post-operative office visits and treatments (right knee) is not medically necessary and appropriate.