

Case Number:	CM15-0132299		
Date Assigned:	07/22/2015	Date of Injury:	06/24/2011
Decision Date:	10/02/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/08/2015

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: Montana, Oregon, Idaho
 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 67 year old female who sustained an industrial /work injury on 6/24/11. She reported an initial complaint of right knee pain. The injured worker was diagnosed as having right knee lateral meniscal tear and right knee degenerative joint disease. Treatment to date includes medication, rest, and injections. X-ray results of the right knee were reported on 3/6/15. Currently, the injured worker complained of right knee pain and giving out in March/April causing her to throw her back out, twisting her left knee. Pain level is 8/10 and described as aching. Per the primary physician's report (PR-2) on 6/16/15, exam noted right knee range of motion is 0-122 degrees, contusion over superior aspect of patella, 1+ effusion, positive medial joint line tenderness. Current plan of care included right total knee replacement. The requested treatments include right total knee replacement, CPM (continuous passive motion machine) rental, cold therapy unit rental, Lovenox 30mg, Percocet 10/325mg, Celebrex 200mg, post-op physical therapy, Physical Therapy/Occupational Therapy, and in-patient hospital stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Total Knee Replacement: 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 & Leg (updated 5/5/15), Online Version, 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.

Decision rationale: CA MTUS/ACOEM is silent on the issue of total knee replacement. According to the Official Disability Guidelines regarding Knee arthroplasty: Criteria for knee joint replacement which includes conservative care with subjective findings including limited range of motion less than 90 degrees. In addition the patient should have a BMI of less than 35 and be older than 50 years of age. There must also be findings on standing radiographs of significant loss of chondral clear space. The clinical information submitted demonstrates insufficient evidence to support a knee arthroplasty in this patient. There is evidence in the cited examination notes of range of motion greater than 90 degrees on the exam note of 6/16/15. There is no formal weight bearing radiographic report of degree of osteoarthritis. Therefore the guideline criteria have not been met and the determination is for non-certification. Therefore, the requested treatment is not medically necessary.

CPM Rental QTY 21: 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 & Leg (updated 5/5/15), Online Version, Continuous Passive Motion.

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.

Decision rationale: CA MTUS/ACOEM is silent on the issue of CPM. According to the ODG guidelines, knee and leg section, CPM is recommended as indicated below, for in-hospital use, or for home use in patients at risk of a stiff knee, based on demonstrated compliance and measured improvements, but the beneficial effects over regular PT may be small. In this case, the requested medical procedure is not medically necessary and therefore the associated surgical services are not medically necessary.

Cold Therapy Unit Rental QTY 7: 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 & Leg, 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.

Decision rationale: CA MTUS/ACOEM is silent on the issue of cryotherapy. According to ODG, Knee and Leg Chapter regarding continuous flow cryotherapy it is a recommended option

after surgery but not for nonsurgical treatment. It is recommended for upwards of 7 days postoperatively. In this case, however, the requested medical procedure is not medically necessary and therefore the associated surgical services are not medically necessary.

Lovenox 30mg #28: 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), Hip & Pelvis (updated 10/9/14), Online Version, Enoxaparin.

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.

Decision rationale: CA MTUS/ACOEM is silent on the issue of Lovenox. According to the ODG, Knee and leg section, Venous thrombosis, "Recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy." In this case, however, the requested medical procedure is not medically necessary and therefore the associated surgical services are not medically necessary.

Percocet 10/325mg #60: 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), Pain (updated 6/15/15), Online Version, Opioids, specific drug list, criteria for use of opioids.

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

Decision rationale: 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 the request is for post op pain control. The requested medical procedure is not medically necessary and therefore the associated surgical services are not medically necessary.

Celebrex 200mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non steroidal anti-inflammatory drugs) Page(s): 67, 68 and 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines celebrex Page(s): 70.

Decision rationale: CA MTUS/Chronic Pain Medical Treatment Guidelines, page 70 states that Celecoxib (Celebrex) is for use with patients with signs and symptoms of osteoarthritis, rheumatoid arthritis and ankylosing spondylitis. In this case the requested medical procedure is

not medically necessary and therefore the associated surgical services are not medically necessary.

Post-op Physical Therapy QTY 12: 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, Knee, 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. However, the requested medical procedure is not medically necessary and therefore the associated surgical services are not medically necessary.

In-patient Hospital Stay QTY 3: 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), Hospital Length of Stay (LOS), Knee 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.

Decision rationale: CA MTUS/ACOEM is silent on the issue of length of stay following total knee arthroplasty. According to ODG Knee and Leg, 3 days is the best practice for a knee replacement. In this case the requested medical procedure is not medically necessary and therefore the associated surgical services are not medically necessary.