

Case Number:	CM15-0132459		
Date Assigned:	07/24/2015	Date of Injury:	06/27/2002
Decision Date:	08/25/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/09/2015

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 is a 62 year old female who sustained an industrial injury on 06/27/2002 resulting in pain/injury to the left knee. Treatment provided to date has included: knee surgery; physical therapy; medications; and conservative therapies/care. Diagnostic tests performed include: x-rays of the bilateral knees showing severe medial and patellofemoral osteoarthritis (per the progress reports); MRI of the right knee (2012) showing medial meniscus posterior horn small oblique tear extending to the superior articular surface, mild medial tibiofemoral degenerative arthritis, chondromalacia patella grade 2 involving the lateral facet, MCL grade 1 strain or inflammation, and large joint effusion with suprapatellar plica; and MRI of the left knee (2012) showing peripheral and deformed medial meniscus with diffuse degenerative surface tears, severe medial tibiofemoral degenerative osteoarthritis with large areas of full thickness cartilage eburnation in the central weight bearing regions, moderate patellofemoral degenerative osteoarthritis with grade 3-4 chondromalacia involving the lateral facet and intercondylar groove, moderate joint effusion, with suprapatellar plica and 12mm osteochondral loose body, and intact ligaments and tendons. There were no noted comorbidities or other dates of injury noted. On 05/14/2015, physician progress report noted complaints of bilateral knee pain (left worse than right). The injured worker was seen on this date to discuss a left total knee arthroplasty. The pain was not rated. The physical exam of the left knee revealed varus alignment with mild deformity, medial joint line tenderness, lateral patellofemoral facet tenderness, range of motion (ROM) 5 to 115 degrees, mild laxity in the collateral ligaments at 30°, and mild patellofemoral crepitation. Examination of the right knee revealed varus alignment, mild deformity, medial joint line

tenderness, lateral patellofemoral facet tenderness, ROM full to 120°, mild laxity in the collateral ligaments at 30°, and mild patellofemoral crepitation. The provider noted diagnoses of left greater than right knee osteoarthritis. Plan of care includes total left knee replacement. The procedure was discussed with the injured worker and she agreed to proceed with surgery. The injured worker's work status remained full duty without restrictions. The request for authorization and IMR (independent medical review) includes: total left knee arthroplasty, assistant surgeon, 2 day hospital stay, pre-op visit, pre-op EKG, post-op office visit at 2 weeks and 6 weeks, post-op x-rays, post-op venous Doppler ultrasound, 9 post-op home health physical therapy sessions, 3 post-op home health occupational therapy sessions, a front wheeled walker, single point cane, 3-1 commode, durable medical equipment joint kit, pre-operative labs (PT/INR, BMP, UA with culture, and CBC with diff), cold therapy machine, 24 sessions of outpatient physical therapy, crutches, wedge cushion, unspecified post-op pain medications, and pre-op x-rays for surgical planning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Cold therapy machine: Upheld

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of knee cryotherapy. According to ODG Knee Chapter, Continuous flow cryotherapy, it is recommended immediately postoperatively for up to 7 days. In this case there is no specification of length of time requested postoperatively for the cryotherapy unit. Therefore the request is not medically necessary.

Associated surgical service: Outpatient physical therapy x 24 visits: 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: Crutches: Upheld

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

Decision rationale: The CA MTUS/ACOEM guidelines are silent regarding crutches. According to the ODG knee chapter, walking aids, Recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. The use of a cane and walking slowly could be simple and effective intervention strategies for patients with OA. In a similar manner to which cane use unloads the limb, weight loss also decreases load in the limb to a certain extent and should be considered as a long-term strategy, especially for overweight individuals. In this case, a walker is approved, so crutches are not medically necessary.

Associated surgical service: Wedge cushion: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter 13 Knee complaints, page 340 states that a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits may be more emotional than medical. According to the ODG, Knee chapter, Knee brace section, knee braces may be appropriate in patients with one of the following conditions: knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, and specific surgical interventions. The cited medical records demonstrate the claimant is not experiencing specific laxity or instability. In this case, the wedge cushion is to prevent flexion contracture. It is intended to act like a knee brace while laying supine. It is not recommended and not medically necessary.

Post-op pain medications, unspecified: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines introduction Page(s): 11.

Decision rationale: CAMTUS chronic pain treatment guidelines, introduction, page 11 endorses the use of medications that lead to functional improvement. In this case there is no specification which pain medications are requested. The request is not medically necessary.

Pre-op knee x-rays for surgical planning: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341-345.

Decision rationale: According to the CA MTUS/ACOEM, Knee Complaints Chapter 13, page 341-345 recommends knee x-rays for trauma or the presence of red flag symptoms. In this case the worker is approved for knee replacement. X-rays and MRI have previously been done. There is no rationale why additional radiographs are needed prior to the replacement. The request is not medically necessary.