Case Number:	CM15-0144555		
Date Assigned:	08/11/2015	Date of Injury:	06/25/2010
Decision Date:	09/23/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/27/2015

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:

This injured worker is a 66-year-old male who sustained an industrial injury on 6/25/10. Past medical history was positive for diabetes and hypertension. Conservative treatment had included physical therapy, injections, activity modification, and medications. The 5/20/15 treating physician report cited on-going left knee pain with popping, grinding, swelling, locking, catching and giving out. Pain was exacerbated with walking or standing more than 5 minutes, kneeling, squatting, and going up or downstairs. Records indicated that a left total knee replacement had been certified. Authorization was requested for a four day inpatient stay, full cardiac work-up, post-op physical therapy for the left knee 24 sessions, continuous passive motion for the left knee for 6 weeks, and knee immobilizer. The 7/2/15 utilization review modified the request for a 4- day inpatient stay to a 3-day stay. The request for full cardiac work-up was non-certified as documentation lacked any subjective complaints or health history for which a full cardiac workup would be medically necessary, noting that an EKG had been certified. The request for post-op physical therapy for 24 sessions was modified to 12 sessions consistent with Post-Surgical Treatment Guidelines. The request for CPM x 6 weeks was modified to 21 days consistent with the Official Disability Guidelines. The request for a knee immobilizer was non-certified as there was no rationale presented for immobilizing the knee post-surgically when there is a risk for developing adhesions, stiffness, or decreased range of motion post-surgically.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four day inpatient stay: 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 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 and Leg: Hospital length of stay (LOS).

Decision rationale: The California MTUS does not provide recommendations for hospital length of stay. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The recommended median and best practice target for a total knee arthroplasty is 3 days. The 7/2/15 utilization review modified the request for 4 days length of stay to 3 days. There is no compelling reason to support the medical necessity beyond guideline recommendations and the 3-day hospital stay previously certified. Therefore, this request is not medically necessary.

Associated Surgical Service: Full cardiac: 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 Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012 Mar; 116(3):522-38.

Decision rationale: The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Preanesthesia cardiac evaluation may include consultation with specialists and ordering, requiring, or performing tests that range from noninvasive passive or provocative screening tests (e.g., stress testing) to noninvasive and invasive assessment of cardiac structure, function, and vascularity (e.g., echocardiogram, radionucleotide imaging, cardiac catheterization). Clinical characteristics to consider include cardiovascular risk factors and type of surgery. Guideline criteria have not been met. This injured worker is certified for a left total knee arthroplasty. He has a past medical history positive for diabetes and hypertension. There is no specific cardiac history documented or a specify rationale presented to support a full cardiac workup in addition to the certified pre-operative EKG. Therefore, this request is not medically necessary at this time.

Post operative physical therapy for the left knee, 24 sessions: 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: 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. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that 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. The 7/2/15 utilization review recommended partial certification of 12 initial post-op physical therapy visits consistent with guidelines. There is no compelling reason submitted to support the medical necessity of care beyond guideline recommendations and the care already certified. Therefore, this request is not medically necessary.

Associated Surgical Service: CPM for the left knee for six weeks: 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 Chapter, Continuous passive motion (CPM).

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 passive motion (CPM).

Decision rationale: The California MTUS does not provide recommendations for CPM units following arthroplasty. The Official Disability Guidelines recommend the use of continuous passive motion devices in the acute hospital setting for no more than 21 days following total knee arthroplasty. Guidelines support home use up to 17 days while patients at risk of a stiff knee are immobile or unable to bear weight following a primary total knee arthroplasty. This includes patients with complex regional pain syndrome, extensive arthrofibrosis or tendon fibrosis, or physical, mental, or behavioral inability to participate in active physical therapy. Guideline criteria have not been met. This injured worker is certified for a left total knee arthroplasty. The post-operative use of a CPM unit during the hospital stay (3 days) and up to 17 days at home is consistent with guidelines. The 7/2/15 utilization review modified this request and certified 21-day use. There is no compelling rationale presented to support the medical necessity of additional use as an exception to guidelines. Therefore, this request is not medically necessary.

Associated Surgical Service: Knee immobilizer: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: Immobilization.

Decision rationale: The California MTUS guidelines recommend a short period of immobilization after acute injury to relieve pain. Prophylactic bracing is not recommended. The Official Disability Guidelines state that immobilization is not recommended as a primary treatment. Early mobilization benefits include earlier return to work; decreased pain, swelling, and stiffness; and a greater preserved range of joint motion, with no increased complications. Guideline criteria have been met. For pain reduction and stability purposes, an initial knee immobilizer following total knee arthroplasty is reasonable and medically necessary.