

<b>Case Number:</b>	CM15-0160952		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	08/30/1998
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	07/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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 56-year-old male who sustained an industrial injury on 8/30/98, relative to a slip and fall. Past medical history was positive for gastroesophageal reflux disease and hypertension. He underwent multiple left knee arthroscopic surgeries, cumulating in left total knee replacement on 1/14/15. Records documented right knee x-rays on 9/21/11 demonstrated moderate medial compartment and patellofemoral degenerative joint disease. The 3/3/15 treating physician report indicated that the injured worker was status post left total knee replacement and was in physical therapy working on range of motion. He reported increased right medial compartment pain. He was noted to have right knee chondromalacia, bone-on-bone in the medial compartment. A series of 3 Synvisc injections was recommended and initiated on 4/21/15. There was no documentation of response to viscosupplementation therapy. The 6/29/15 treating physician report cited on-going right knee pain and effusion. The unloading brace that he received for the right knee was ill-fitting and he would like a new one or adjustment of his current one. Right knee exam documented positive effusion, with range of motion 0-110 degrees. There was edema down the right leg with negative calf tenderness to palpation and negative Homan's sign. The diagnosis was right knee chondromalacia with joint degenerative changes. The treatment plan indicated that the injured worker was ready to move forward with previously authorized total knee arthroplasty. Authorization was also requested for medial compartment unloading brace, post-operative clearance including electrocardiogram (EKG), labs, and history and physical, inpatient stay (3 days), and crutches/walker. The 7/17/15 utilization review non-certified the request for right total knee replacement and all associated requests as there was no formal documentation of imaging and body mass index was not provided.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Medical Compartment Unloading Brace: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg - Unloader braces for knee.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Unloader braces for the knee.

**Decision rationale:** The California MTUS does not provide recommendations for unloader braces. The Official Disability Guidelines recommend unloader braces to reduce the pain and disability associated with osteoarthritis of the medial compartment of the knee. Guidelines state that unloader braces are designed specifically to reduce the pain and disability associated with osteoarthritis of the medial compartment of the knee by bracing the knee in the valgus position in order to unload the compressive forces on the medial compartment. The use of an unloader brace is consistent with guidelines for this injured worker. However, it is noted that he had an unloader brace that did not fit well and required adjustment. There is no compelling rationale presented to support dispensing a new brace when he had one that needed to be properly fit. If proper fitting could not be achieved with the current brace, then replacement may be considered. Therefore, this request is not medically necessary at this time.

### **Post operative clearance: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medical Practice Guidelines: Chapter 7: Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

**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. Middle-aged males have known occult increased medical/cardiac risk factors. Medical clearance for total knee arthroplasty would be reasonable and supported based on patient age, long-term use of non-steroidal anti-inflammatory drugs, magnitude of surgical procedure, recumbent position, fluid exchange and the risks of undergoing anesthesia. However, there is no indication that the associated surgery has been certified. Therefore, this request is not medically necessary at this time.

### **Post operative EKG (electrocardiogram): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Preoperative testing, general.

**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 this service. Evidence based medical guidelines state that an EKG may be indicated for patients with known cardiovascular risk factors or for patients with risk factors identified in the course of a pre-anesthesia evaluation. Guideline criteria have been met. Middle aged males with hypertension have known occult increased risk factors for cardiovascular disease that support the medical necessity of pre-procedure EKG. However, there is no indication that the associated surgery has been certified. Therefore, this request is not medically necessary at this time.

**Post operative Labs:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Preoperative testing, general.

**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 this service. Evidence based medical guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. Guideline criteria have not been met. A generic request for non-specific pre-operative lab work is under consideration. Although, basic lab testing would typically be supported for patients undergoing this procedure and general anesthesia, the medical necessity of a non-specific lab request cannot be established. Therefore, this request is not medically necessary.

**Post operative H&P (History &Physical):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medical Practice Guidelines: Chapter 7: Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93.

**Decision rationale:** The California Official Medical Fee Schedule states that, under most circumstances, including ordinary referrals, the immediate preoperative visit in the hospital or elsewhere necessary to examine the patient, complete the hospital records, and initiate the

treatment program is included in the listed value for the surgical procedure. There is no compelling reason to support the medical necessity of a separate certification for the history and physical which is part of the pre-operative process. There are no significant co-morbidities documented. Pre-operative testing has been addressed separately. Therefore, this request is not medically necessary.

**Inpatient stay (3 days): 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 Chapter, Hospital length of stay (LOS).

**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. This request for a 3-day length of stay following the proposed total knee arthroplasty is consistent with guidelines. However, there is no indication that the associated surgery has been certified. Therefore, this request is not medically necessary at this time.

**Crutches/walker: 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 Chapter, Walking aids (canes, crutches, braces, orthoses, and walkers).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Walking aids (canes, crutches, braces, orthoses, & walkers).

**Decision rationale:** The California MTUS guidelines support the use of crutches for partial weight bearing for patients with knee complaints. MTUS guidelines do not address the use of walkers, but recommend limited restriction of activity to avoid deconditioning. The Official Disability Guidelines state that disability, pain, and age-related impairments determine the need for a walking aid. Assistive devices can reduce pain and allow for functional mobility. The use of crutches and a walker following total knee replacement seems reasonable to allow for early post-operative mobility with reduced pain. However, there is no indication that the associated surgery has been certified. Therefore, this request is not medically necessary at this time.