

Case Number:	CM15-0162065		
Date Assigned:	08/28/2015	Date of Injury:	12/04/2006
Decision Date:	10/06/2015	UR Denial Date:	07/25/2015
Priority:	Standard	Application Received:	08/18/2015

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 70-year-old female who sustained an industrial injury on 12/4/06. The mechanism of injury was not documented. She was status post right total knee arthroplasty, date not documented. Recent conservative treatment included knee brace, medications, physical therapy, and topical pain medication. The 12/4/14 bilateral knee scanogram showed the left lower extremity longer than the right lower extremity by 4 mm, interval progression of severe varus osteoarthritis of the left knee, and stable right total knee arthroplasty with small right knee joint effusion. The 12/11/14 right knee CT scan showed possible internal rotation of the femoral component, and possible internal rotation of the femoral component with regard to the epicondylar axis. The 6/22/15 right knee x-rays showed a stable right knee prosthesis with no direct evidence of loosening. The left knee x-rays impression documented moderately severe tricompartmental osteoarthritis. There was marked joint space narrowing in the medial compartment with ossified formation. The 6/22/15 treating physician report cited persistent and debilitating right knee pain, swelling and instability, and worsening left knee pain. The injured worker reported that her right foot points outward when she walked in certain shoes. Right lower extremity exam documented appropriate alignment, no effusion, tenderness to palpation at the medial knee, and range of motion 0-120 with moderate pain. There was significant instability to valgus and varus stress. Left lower extremity exam documented appropriate alignment, no effusion, tenderness to palpation at the medial knee, and range of motion 0-140 with moderate pain. There was no instability of the left knee noted. There was right total knee arthroplasty instability with tibial component internal rotation with pain and swelling interfering with activities of daily living and refractory to prolonged conservative measures. There was left knee osteoarthritis with conservative treatment recommended for as long as possible. Authorization

was requested for right total knee arthroplasty revision, left knee hyaluronic acid injection, one pre-operative examination, one prescription for Lovenox 40 mg, nine in-home physical therapy sessions, one outpatient physical therapy evaluation, eighteen outpatient physical therapy sessions, one post-operative portable commode, one post-operative front wheel walker, and one left knee hyaluronic acid injection. The 7/25/15 utilization review non-certified the revision total knee arthroplasty and associated surgical requests as there was no evidence of stiffness or functional limitations, and no objective evidence of implant failure. The request for left knee hyaluronic acid injection was non-certified as the previous viscosupplementation injection in 2010 did not significantly change her symptoms. The progress notes dated 06-22-2015 indicates that the injured worker continued to have right knee pain and instability. She noted that her right foot pointed outward when she walked with certain shoes. The injured worker also reported worsening left knee pain. The right knee pain, swelling, and instability have become debilitating. The physical examination of the right lower extremity showed no effusion, tenderness to palpation at the medial knee, no warmth, positive significant instability to valgus and varus stress, and range of motion 0-120 degrees with moderate pain. The physical examination of the left lower extremity showed no effusion, tenderness to palpation at the medial knee, no warmth, stable to stress, and range of motion 0-140 degrees with moderate pain. The treatment plan included right total knee arthroplasty revision, left knee hyaluronic acid injection, one pre-operative examination, one prescription for Lovenox 40mg, nine in-home physical therapy sessions, one outpatient physical therapy evaluation, eighteen outpatient physical therapy sessions, one post-operative portable commode, and one post-operative front wheel walker. The injured worker's work status as not indicated. The treating physician requested one left knee hyaluronic acid injection; revision right total knee replacement ; one pre-operative; one prescription for Lovenox 40mg prefilled syringes; nine in-home physical therapy sessions; one outpatient physical therapy evaluation; eighteen outpatient physical therapy sessions; one post-operative portable commode; and one post-operative front wheeled walker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Revision Total Knee Replacement QTY 1: Overturned

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 (Acute & Chronic): Revision total knee arthroplasty (2015).

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: Revision total knee arthroplasty.

Decision rationale: The California MTUS does not provide recommendations for revision total knee arthroplasty. The Official Disability Guidelines recommend revision total knee arthroplasty for failed knee replacement when surgical indications are met. Criteria include recurrent disabling pain, stiffness and functional limitation that have not responded to appropriate conservative nonsurgical management (exercise and physical therapy), fracture or dislocation of the patella, component instability or aseptic loosening, infection, or periprosthetic fractures. Guideline criteria have been met. This injured worker presents with persistent function-limiting right knee pain with swelling and instability status post total knee arthroplasty. There is imaging evidence of internal rotation of the tibial component, and possible internal rotation of the femoral component. Clinical exam documented significant valgus and varus instability and

limited range of motion. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

Pre-op with MD: Overturned

Claims Administrator guideline: The Claims Administrator 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 and 93.

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 females have known occult increased medical/cardiac risk factors. Guideline criteria have been met 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. Therefore, this request is medically necessary.

Associated surgical service: In-Home Physical Therapy QTY 9: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51, Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The California MTUS recommends home health services only for otherwise recommended treatment for patients who are homebound, on a part time or intermittent basis. 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. An initial 9-visit course of home health physical therapy following total knee arthroplasty is consistent with guidelines as the patient would be expected to be homebound on an intermittent basis. Therefore, this request is medically necessary.

Associated surgical service: Outpatient Physical Evaluation QTY 1: Overturned

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. An initial 9-visit course of home health physical therapy has been certified for this injured worker. One outpatient physical therapy evaluation to allow

for transition of physical therapy treatment from home to outpatient care is consistent with guidelines. Therefore, this request is medically necessary.

Associated surgical service: Outpatient Physical Therapy QTY 18: 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. An initial 9-visit course of home health physical therapy plus one outpatient physical therapy evaluation has been certified for this injured worker. This request for 18 additional outpatient physical therapy sessions exceeds the general course of care. There is no compelling rationale to support the medical necessity of this level of physical therapy treatment as an exception to guidelines at this time. Therefore, this request is not medically necessary.

Post-op Portable Commode QTY 1: Overturned

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 (Acute & Chronic): Durable Medical Equipment (2015).

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, Durable medical equipment (DME).

Decision rationale: The California MTUS is silent regarding this durable medical equipment. The Official Disability Guidelines state that certain DME toilet items (commodes) are medically necessary if the patient is room-confined or when prescribed as part of a medical treatment plan for injury or conditions that result in physical limitations. The use of a 3-in-1 commode following revision total knee arthroplasty is reasonable for expected physical limitations and to allow for early functional independence. Therefore, this request is medically necessary.

Post-op Front Wheel Walker QTY 1: Overturned

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 (Acute & Chronic): Walking aids (canes, crutches, braces, orthoses & walkers) (2015).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48. 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 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 a

walker following total knee replacement seems reasonable to allow for early post-operative mobility with reduced pain. Therefore, this request is medically necessary.

Lovenox 40mg prefilled syringes: 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 (Acute & Chronic), venous thrombosis (2015).

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: Venous Thrombosis.

Decision rationale: The Official Disability Guidelines state that the latest AHRQ Comparative Effectiveness Review of venous thromboembolism in orthopedic surgery concluded that there are inadequate data to make very many recommendations. They did suggest, for patients who have undergone major orthopedic surgery such as hip or knee replacement, extending post-surgery use of medications, from the standard 7-10 days to 28 days or longer, to prevent blood clots may be beneficial. While there is not enough evidence to determine which type of anti-clotting medication is best, within the heparin class of medications, low molecular-weight heparin was found to be superior to unfractionated heparin. The use of Lovenox post-operatively is consistent with evidence based medical guidelines. However, there is no specific prescribed quantity of syringes documented. The prescribed quantity is required to establish the medical necessity of this request. Therefore, this request is not medically necessary at this time.

Left Knee Hyaluronic Acid Injection QTY 1: Overturned

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 (Acute & Chronic), Hyaluronic acid injections.

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, Hyaluronic acid injections.

Decision rationale: The California MTUS guidelines do not provide recommendations for these injections in chronic knee complaints. The Official Disability Guidelines state that viscosupplementation is recommended for patients who experience significantly symptomatic osteoarthritis but have not responded adequately to at least 3 months standard non-pharmacologic and pharmacologic treatments. Guideline criteria have been met. This injured worker presents with persistent and worsening left knee function-limiting pain. There is imaging evidence of tricompartmental osteoarthritis of the left knee, severe in the medial compartment. Evidence of recent comprehensive non-operative treatment, including physical therapy, medications, and activity modification, and failure has been submitted. Therefore, this request is medically necessary.