

<b>Case Number:</b>	CM15-0167484		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	06/03/2013
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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 44 year old male who sustained an injury on 6-3-13 resulted when he stopped his truck to check his load and when he got to the ground level, began to experience pain in his left knee. Treatment included X-rays; MRI left knee in August 2013; knee brace and medications. Left knee surgery was performed in February 2014 followed by physical therapy, stretching and strengthening exercises, ice, heat and electrical stimulation. Steroid injections were given in both knees in April 2014 and helped to resolve the pain in right knee but the pain in his left knee remained the same. Medications include Glipizide; Naproxen Sodium; Omeprazole 20 mg; Mirtazapine 15 mg; Tramadol HCL 150 mg and Metformin 500 mg. The examination on 5-12-15 reports constant pain in the left knee that is rated 5-7 out of 10. His symptoms include craping, burning, cracking, sharp stabbing throbbing pain in the lateral and medial side. It is aggravated by sitting, standing, walking, going up and down stairs and he is unable to knee or couch due to the pain. Examination of the left knee reveals pain upon palpation. Diagnoses are left knee posttraumatic arthritis of the medical compartment; left knee status post arthroscopic partial medial menisectomy; right knee post traumatic arthritis of the medical compartment, rule out medical meniscus tear and lateral meniscus tear; obesity with a 60 pound overweight; anxiety and depression; insomnia; repetitive use of both knees. The recommendation include a left total knee arthroplasty; pre-op medical clearance and having the doctor follow the patient while he is in the hospital recovering from the knee replacement; two to four day hospital admission; home durable medical equipment including a walker; raised toilet seat and CPM machine and cryo unit.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Follow up with doctor:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

**Decision rationale:** Per the CA MTUS ACOEM 2004, Chapter 3, page 127 states the practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. In this case, the surgeon is the expert with regard to follow up after knee surgery. The request is not medically necessary.

**Associated surgical service: Dr. follow patient at hospital during recovery of sx two to four day hospital admission:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Hospital length of stay.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

**Decision rationale:** Per the CA MTUS ACOEM 2004, Chapter 3, page 127 states the practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. In this case, the surgeon is the expert with regard to follow up after knee surgery. The request is not medically necessary.

**Associated surgical service: 12 additional sessions of physical therapy if needed:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

**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. In this case, it is impossible to say if the additional visits are necessary until after re-assessment. Pre-approval is not medically necessary.

**Associated surgical service: Home DME: CPM 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 (ODG), Knee & Leg, 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.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of CPM. According to ODG criteria, CPM is medically necessary postoperatively for 4-10 consecutive days but no more than 21 following total knee arthroplasty. In this case, the request does not specify a length of rental. Based on this the request is not medically necessary.

**Associated surgical service: Home DME: cryo unit:** 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.

**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.