

Case Number:	CM15-0191273		
Date Assigned:	10/05/2015	Date of Injury:	04/25/2000
Decision Date:	11/25/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/29/2015

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, Oregon, Washington
 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 49 year old male, who sustained an industrial injury on 04-25-2000. A review of the medical records indicates that the worker is undergoing treatment for knee pain, osteoarthritis involving the lower leg, abnormality of gait and stiffness of joint involving the lower leg. X-rays of the right knee were noted to show tricompartmental advanced degenerative changes with no fractures of lesions. Subjective complaints (07-22-2015 and 09-02-2015) included 6-8 out of 10 constant right knee pain. Objective findings (07-22-2015 and 09-02-2015) included an antalgic gait on the right side, slight varus deformity of the right knee, mild swelling through the knee, tenderness to palpation of the right knee and medial joint line diffusely, positive McMurray's on the medial side, active painful range of motion from 5-1115 degrees and slightly decreased right knee strength. The physician noted that the worker had advanced right knee osteoarthritis which had caused great impairment in regards to daily activities and ability to perform necessary job duties. Pain was noted to be refractory to non-surgical treatments and total knee arthroplasty procedure with associated surgical services was requested. Treatment has included Norco, Naproxen, Medrol, physical therapy, acupuncture, massage, application of ice, knee brace, Orthovisc injections, Cortisone injections and surgery which were noted to have failed to significantly relieve pain. Of note, the request for right total knee arthroplasty was certified as per another utilization review dated 09-21-2015. A utilization review dated 09-21-2015, modified a request for CPM machine from 1 CPM (continuous passive motion) machine rental x 21 days, post right total knee arthroplasty as an outpatient to certification of 1 CPM

(continuous passive motion) machine rental 4-10 consecutive days, post right total knee arthroplasty as an outpatient between 9-17-2015 and 11-01-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial inpatient skilled nursing facility x 10 day for post right total knee arthroplasty:

Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, and Postsurgical Treatment 2009.

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, Skilled nursing facility LOS (SNF).

Decision rationale: CA MTUS/ACOEM is silent on the issue of acute rehab or skilled nursing length of stay. According to the ODG, Knee and Leg, Skilled nursing facility LOS (SNF), "Recommend up to 10-18 days in a skilled nursing facility (SNF) or 6-12 days in an inpatient rehabilitation facility (IRF), as an option but not a requirement, depending on the degree of functional limitation, ongoing skilled nursing and / or rehabilitation care needs, patient ability to participate with rehabilitation, documentation of continued progress with rehabilitation goals, and availability of proven facilities, immediately following 3-4 days acute hospital stay for arthroplasty." The decision for acute rehab or skilled nursing facility will be dependent on the outcome following the knee replacement and objective criteria during the acute inpatient admission. As there is no evidence of the results of the rehab process during the inpatient admission, the determination is for not medically necessary.

CPM (continuous passive motion) machine, rental x 21 days, post right total knee arthroplasty, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, and Postsurgical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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, CPM.

Decision rationale: CA MTUS/ACOEM is silent on the issue of CPM. According to ODG Knee and Leg, Continuous Passive Motion CPM is medically necessary as an inpatient postoperatively for 4-10 consecutive days but no more than 21 following total knee arthroplasty. As an outpatient the guidelines recommend: "For home use, up to 17 days after surgery while patients at risk of a stiff knee are immobile or unable to bear weight: (1) Under conditions of low postoperative mobility or inability to comply with rehabilitation exercises following a total knee arthroplasty or revision; this may include patients with: (a) complex regional pain syndrome; (b) extensive arthrofibrosis or tendon fibrosis; or(c) physical, mental, or behavioral

inability to participate in active physical therapy. (2) Revision total knee arthroplasty (TKA) would be a better indication than primary TKA, but either OK if #1 applies."In this case review of the notes from 9/2/15 show that the guideline criteria have not been met as the requested amount of days exceed the ODG recommendation of 4-10 days and thus the determination is for not medically necessary.