

<b>Case Number:</b>	CM15-0198649		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	06/08/2015
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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 69-year-old male, who sustained an industrial injury on 6-8-2015. The injured worker is undergoing treatment for knee pain, lateral cartilage knee derangement, osteoarthritis. On 9-8-15, he reported left knee pain. Physical examination revealed decreased left knee range of motion, crepitus throughout, tenderness to the medial and patellofemoral surfaces, and anterior cruciate ligament (ACL) instability, positive drawer and Lachman's testing. There is no discussion of previously tried and or failed treatment methods. The treatment and diagnostic testing to date has included: medications; x-rays of the left knee (date unclear) reported as revealing advanced varus deformity, large effusion; magnetic resonance imaging of the left knee (7-28-15) reported as advanced osteoarthritis changes in the medial compartment, tearing of the meniscus and absent ACL. Medications have included Naproxen, Tramadol. Current work status: modified. The request for authorization is for: EKG; Treadmill; inpatient stay for 3 days, left total knee replacement, cardiac clearance, and echocardiogram, continuous passive motion (CPM) 21 day rental, physical therapy 2 times weekly for 6 weeks for the left knee, Norco 5-325mg 1-3 tablets every 4 hours as needed quantity 100, and Lovenox 30mg subcutaneous two times daily for 10 days quantity 20. The UR dated 9-21-2015: non-certified Norco 5-325mg 1-3 tablets every 4 hours as needed quantity 100, and Lovenox 30mg subcutaneous two times daily for 10 days quantity 20; non-certified physical therapy 2 times weekly for 6 weeks for the left knee; non-certified continuous passive motion (CPM) 21 day rental; and non-certified EKG; Treadmill; inpatient stay for 3 days, left total knee replacement, cardiac clearance, and echocardiogram.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Left total knee replacement:** 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter.

**Decision rationale:** The CA MTUS/ACOEM is silent on the issue of total knee replacement. According to the Official Disability Guidelines regarding Knee arthroplasty: Criteria for knee joint replacement, which includes conservative care with subjective findings including limited range of, motion less than 90 degrees. In addition, the patient should have a BMI of less than 35 and be older than 50 years of age. There must also be findings on standing radiographs of significant loss of chondral clear space. In this case, there is no documentation of prior treatments including injection management. The BMI is not documented. The request is not medically necessary.

**Associate service: inpatient stay (3-days):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Associate service: cardiac clearance:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Associate service: treadmill:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Associate service: echocardiogram:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Associate service: electrocardiogram:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Associate service: CPM (continuous passive motion) machine 21-day rental:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Associate service: physical therapy two times a week for six weeks for left knee:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Lovenox 30mg #20 for 10 days subcutaneous twice a day:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Hip & bpelvis.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter.

**Decision rationale:** The CA MTUS/ACOEM is silent on the issue of Lovenox. According to the ODG, identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy is recommended. In this case, if the joint replacement were authorized Lovenox for a brief time postoperatively would be recommended to prevent venous thrombosis, a known complication of hip and knee arthroplasty. In this case, the arthroplasty is not medically necessary. Therefore, the Lovenox is not medically necessary.

**Norco 5/325 1-2 tabs every 4 hours as needed:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. In this case, there is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity due to medications. Therefore, the request is not medically necessary.