

<b>Case Number:</b>	CM15-0026518		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	07/30/2011
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 41-year-old female, with a reported date of injury of 07/30/2011. The diagnoses include mild to moderate tricompartmental osteoarthritis, small joint effusion, and right knee chondral defect and meniscal tear. Treatments have included anti-inflammatory medication, an x-ray of the right knee on 02/19/2015, series of Supartz injections for the right knee, and right knee arthroscopy, lateral meniscectomy and chondroplasty on 04/23/2014. The medical report dated 01/05/2015 indicates that the injured worker's right knee was still bothering her a lot. She had pain in the patellofemoral joint. The injured worker had significant arthritis involving the patellofemoral joint and medial compartment. The objective findings include crepitus and grinding, pain with motion, and flexion at 90-95 degrees without pain. The treating physician requested a right total knee replacement, with associated requests. The rationale for the request was not indicated. There was documentation that conservative treatments had been exhausted. On 01/14/2015, Utilization Review (UR) denied the request for right total knee replacement, inpatient hospital stay for 2-3 days, assistant surgeon, a walker, a shower chair, an EKG, medical clearance, labs: complete blood count (CBC), renal function panel PT & PTT, home health nursing one to two times a week for four weeks, and home physical therapy one to two times a week over four weeks. The UR physician noted that better objective evidence of severe right knee degenerative disease is required before total joint replacement necessity would be documented. Since the surgery was not certified, the associated requests are also not certified. The ACOEM Guidelines were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Inpatient hospital length of stay (LOS) 2-3 days following surgery: Right Total Knee Replacement: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 346-347.

**Decision rationale:** This 41 year old female has complained of low back pain and bilateral knee pain, right greater than left, since date of injury 7/30/11. She has been treated with physical therapy, steroid injections, bilateral knee arthroscopic surgery, epidural steroid injection and hyaluronate injections. The current request is for Inpatient hospital length of stay (LOS) 2-3 days following surgery: Right Total Knee Replacement. There is inadequate provider objective documentation regarding the necessity of total knee joint replacement in this patient. On the basis of the available provider documentation and per the ACOEM guidelines cited above, Inpatient hospital length of stay (LOS) 2-3 days following surgery: Right Total Knee Replacement is not indicated as medically necessary.

**Assistant Surgeon: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 346-347.

**Decision rationale:** This 41 year old female has complained of low back pain and bilateral knee pain, right greater than left, since date of injury 7/30/11. She has been treated with physical therapy, steroid injections, bilateral knee arthroscopic surgery, epidural steroid injection and hyaluronate injections. The current request is for Assistant Surgeon: Right Total Knee Replacement. There is inadequate provider objective documentation regarding the necessity of total knee joint replacement in this patient. On the basis of the available provider documentation and per the ACOEM guidelines cited above, Assistant Surgeon: Right Total Knee Replacement is not indicated as medically necessary.

**Durable medical equipment: Walker: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 346-347.

**Decision rationale:** This 41 year old female has complained of low back pain and bilateral knee pain, right greater than left, since date of injury 7/30/11. She has been treated with physical therapy, steroid injections, bilateral knee arthroscopic surgery, epidural steroid injection and hyaluronate injections. The current request is for Durable Medical Equipment, Walker, status post Right Total Knee Replacement. There is inadequate provider objective documentation regarding the necessity of total knee joint replacement in this patient. On the basis of the available provider documentation and per the ACOEM guidelines cited above, Right Total Knee Replacement is not indicated as medically necessary, therefore durable medical equipment, walker, is also not indicated as medically necessary.

**Durable medical equipment: Shower Chair: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 346-347.

**Decision rationale:** This 41 year old female has complained of low back pain and bilateral knee pain, right greater than left, since date of injury 7/30/11. She has been treated with physical therapy, steroid injections, bilateral knee arthroscopic surgery, epidural steroid injection and hyaluronate injections. The current request is for Durable Medical Equipment, Shower chair, status post Right Total Knee Replacement. There is inadequate provider objective documentation regarding the necessity of total knee joint replacement in this patient. On the basis of the available provider documentation and per the ACOEM guidelines cited above, Right Total Knee Replacement is not indicated as medically necessary, therefore durable medical equipment, shower chair, is also not indicated as medically necessary.

**EKG: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 346-347.

**Decision rationale:** This 41 year old female has complained of low back pain and bilateral knee pain, right greater than left, since date of injury 7/30/11. She has been treated with physical therapy, steroid injections, bilateral knee arthroscopic surgery, epidural steroid injection and hyaluronate injections. The current request is for pre-op EKG. There is inadequate provider objective documentation regarding the necessity of total knee joint replacement in this patient. On the basis of the available provider documentation and per the ACOEM guidelines cited above, Right Total Knee Replacement is not indicated as medically necessary, therefore pre-op EKG is also not indicated as medically necessary.

**Medical Clearance:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 346-347.

**Decision rationale:** This 41 year old female has complained of low back pain and bilateral knee pain, right greater than left, since date of injury 7/30/11. She has been treated with physical therapy, steroid injections, bilateral knee arthroscopic surgery, epidural steroid injection and hyaluronate injections. The current request is for pre-op medical clearance. There is inadequate provider objective documentation regarding the necessity of total knee joint replacement in this patient. On the basis of the available provider documentation and per the ACOEM guidelines cited above, Right Total Knee Replacement is not indicated as medically necessary, therefore pre-op medical clearance is also not indicated as medically necessary.

**Labs: Complete blood count, Renai Functional Panel PT & PTT:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 346-347.

**Decision rationale:** This 41 year old female has complained of low back pain and bilateral knee pain, right greater than left, since date of injury 7/30/11. She has been treated with physical therapy, steroid injections, bilateral knee arthroscopic surgery, epidural steroid injection and hyaluronate injections. The current request is for pre-op Labs: Complete blood count, Renai Functional Panel PT & PTT. There is inadequate provider objective documentation regarding the necessity of total knee joint replacement in this patient. On the basis of the available provider documentation and per the ACOEM guidelines cited above, Right Total Knee Replacement is not indicated as medically necessary, therefore pre-op Labs: Complete blood count, Renai Functional Panel PT & PTT is also not indicated as medically necessary.

**Home Health Nursing one (1) to two (2) times a week over four (4) weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 346-347.

**Decision rationale:** This 41 year old female has complained of low back pain and bilateral knee pain, right greater than left, since date of injury 7/30/11. She has been treated with physical therapy, steroid injections, bilateral knee arthroscopic surgery, epidural steroid injection and

hyaluronate injections. The current request is for post-op Home Health Nursing one (1) to two (2) times a week over four (4) weeks. There is inadequate provider objective documentation regarding the necessity of total knee joint replacement in this patient. On the basis of the available provider documentation and per the ACOEM guidelines cited above, Right Total Knee Replacement is not indicated as medically necessary, therefore post-op Home Health Nursing one (1) to two (2) times a week over four (4) weeks is also not indicated as medically necessary.

**Physical Therapy (PT) one (1) to two (2) times a week over four (4) weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 346-347.

**Decision rationale:** This 41 year old female has complained of low back pain and bilateral knee pain, right greater than left, since date of injury 7/30/11. She has been treated with physical therapy, steroid injections, bilateral knee arthroscopic surgery, epidural steroid injection and hyaluronate injections. The current request is for post-op Physical Therapy (PT) one (1) to two (2) times a week over four (4) weeks. There is inadequate provider objective documentation regarding the necessity of total knee joint replacement in this patient. On the basis of the available provider documentation and per the ACOEM guidelines cited above, Right Total Knee Replacement is not indicated as medically necessary, therefore post-op Physical Therapy (PT) one (1) to two (2) times a week over four (4) weeks is also not indicated as medically necessary.