

<b>Case Number:</b>	CM15-0027232		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	01/12/1995
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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: Minnesota, Florida  
 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 71-year-old woman sustained an industrial injury on 1/12/1985. The mechanism of injury was not detailed. Current diagnoses include knee osteoarthritis, chondromalacia patella, and knee joint pain. Treatment has included oral medications and a cane for balance. Physician notes dated 1/26/2015 show continued left knee pain. Recommendations include the indicated surgical procedure and associated services. On 2/3/2015, Utilization Review evaluated prescriptions for walker with wheels, 3-in-1 commode, continuous passive motion machine, 14-21 day rental, and cold therapy unit, which was submitted on 2/12/2015. The UR physician noted that the requested surgical procedure was denied, therefore, the associated post-operative services are also denied. The MTUS, ACOEM Guidelines, (or ODG) was cited. The requests were denied and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Total Arthroplasty of the Left Knee:** 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, Knee Joint Replacement.

**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, Knee Joint Replacement.

**Decision rationale:** The injured worker meets the ODG criteria for a total knee arthroplasty. The documentation from 2/26/2015 indicates advanced osteoarthritis of the patellofemoral joint and advanced osteoarthritis of the medial and lateral compartments of her left knee. She complains of increasing left knee pain and instability and has a tendency to fall. All conservative measures including nonsteroidal anti-inflammatory medications have not been of benefit. Comorbidities include diabetes and hypertension. The documentation indicates prior conservative care with exercise therapy, medications and injections without significant benefit. Subjective clinical findings of limited range of motion and nighttime joint pain and no relief with conservative care are documented. Prior notes from 1/26/2015 indicate left knee range of motion from 30-90 with a 30 flexion contracture at that time. She was complaining of instability and tendency of the knee to give way. She was using a cane for balance. Significant current functional limitations are present demonstrating the necessity of surgical intervention. Objective findings of age over 50 and body mass index less than 40 and imaging clinical findings of osteoarthritis, which is bone on bone in the patellofemoral joint and involves all 3 compartments. Therefore the request is medically necessary.

**Inpatient Stay (3-days):** 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, Hospital Length of Stay (LOS).

**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, Hospital Length of Stay.

**Decision rationale:** ODG guidelines indicate the best practice target for a knee replacement is 3 days. The request as stated is for a 3-day inpatient hospital stay, which is appropriate. Therefore the request is medically necessary.

**Surgical Assistant:** 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) Low Back, Surgical Assistant.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Surgeons 2013 Assistant at Surgery Consensus.

**Decision rationale:** The American College of Surgeons Statement of Principles states that the first assistant during a surgical operation should be a trained individual who is able to participate in and actively assist the surgeon in completing the operation safely and expeditiously by helping to provide exposure, maintain hemostasis, and serve other technical functions. The qualifications of the person in this role may vary with the nature of the operation, the surgical specialty, and the type of hospital or ambulatory surgical facility. The 2013 Assistant at Surgery Consensus indicates that an assistant surgeon is almost always necessary for a Total Knee Arthroplasty. Therefore the request is medically necessary.

**Post-Operative Physical Therapy (12-visits, 2 times a week for 6 weeks for the left knee):**  
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:** California MTUS postsurgical treatment guidelines indicate 24 visits over 10 weeks for a total knee arthroplasty. The initial course of therapy as one-half of these visits, which is 12. The request as stated is for 12 visits, which is appropriate. Therefore the request is medically necessary.

**Associated Surgical Service: Wheeled Walker:** 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, Walking Aids.

**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, Walking Aids.

**Decision rationale:** ODG guidelines recommend walking aids such as a wheeled walker. Almost half of the patients with knee pain use a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. The injured worker is having a total knee arthroplasty. There will be associated difficulty with ambulation and need for partial weight bearing until the rehabilitation process has been completed. Therefore the request is medically necessary.

**Associated Surgical Service: 3-in-1 Commode:** 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, Durable Medical Equipment (DME).

**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, DME 3-in-1 Commode.

**Decision rationale:** ODG guidelines indicate certain DME toilet items such as a commode are medically necessary if the patient is room confined and devices such as raised toilet seats, commode chairs, sitz baths, and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. The IW is undergoing a total knee arthroplasty and will initially be confined to the room. Therefore the request is medically necessary.

**Associated Surgical Service: Continuous Passive Motion Machine (14-21 day rental):**  
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, 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 Chapter, Continuous Passive Motion.

**Decision rationale:** ODG guidelines indicate continuous passive motion is recommended after a total knee arthroplasty in the acute hospital setting for 4-10 consecutive days (no more than 21). For home use up to 17 days after surgery while patients are at risk of a stiff knee and are immobile or unable to bear weight. The request as stated is for 2-3 weeks rental of a CPM machine which is appropriate. Therefore the request is medically necessary.

**Associated Surgical Service: Cold Therapy 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 Chapter, Continuous Flow Cryotherapy.

**Decision rationale:** ODG guidelines recommend continuous flow cryotherapy after a total knee arthroplasty as an option for 7 days in the postoperative period. It reduces pain, inflammation, swelling, and the need for narcotic medication after surgery. Use beyond 7 days is not recommended. The request as stated does not specify if it is for a rental or purchase and does not specify the duration of the rental. Therefore the request is not medically necessary.