MAXIMUS Federal Services

Case Number:	CM15-0036055		
Date Assigned:	03/04/2015	Date of Injury:	05/16/2014
Decision Date:	05/05/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/25/2015

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: 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:

The injured worker is a 64 year old female, who sustained an industrial injury on 5/16/2014. The diagnoses have included left knee degenerative joint disease, left knee genu varum, left knee chondromalacia patella and left knee degenerative medial meniscus tear. Treatment to date has included corticosteroid injections, physical therapy, home exercise program and several different NSAIDs and analgesics for 8 months. She is using a cane. Documentation indicates end stage degenerative joint disease with 2 compartment severe involvement and mild involvement of the lateral compartment. According to the progress report dated 1/7/2015, the injured worker complained of worsening left knee pain. Her pain was rated 6/10. She was using a cane and had a significant limp. Exam of the left knee revealed mild effusion and tenderness over the medial joint line. The physician noted that the injured worker had end-stage degenerative joint disease. X-rays showed bone on bone changes medially and patellofemoral joint arthrosis that was moderate. Conservative treatments such as viscosupplementation had been denied. Authorization was requested for a left total knee replacement and related services. On 1/23/2015, Utilization Review (UR) non-certified requests for total knee replacement left knee, pre-op clearance, a front wheeled walker, a contrast compression device fourteen day rental, postoperative physical therapy two times a week for six weeks and a three day inpatient stay. The Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) Guidelines and Official Disability Guidelines (ODG) were cited. The reason given was that conservative treatment had not been exhausted. The provider has responded with an appeal and additional information. X-ray and MRI reports from June 2014 have also been

provided showing severe degenerative joint disease. Per physician's progress report dated February 4, 2015 her pain level was 5/10. She was unable to perform many of her activities of daily living. She was ambulating with a limp. She had night pain. She had tried conservative treatment with nonsteroidal anti-inflammatory drugs but it was not effective. She had tried a stationary bicycle for strengthening but was unable to tolerate that due to pain. On examination she was tender over the medial tibial plateau and the medial femoral condyle. There was a varus deformity noted. She had a mild effusion. Range of motion was from 10-95° with a 10° flexion contracture. There was a crepitus with range of motion and patellar compression test was positive. Medial McMurray was equivocal due to difficulty with range of motion. The documentation indicates that she has 2 compartments severe osteoarthrosis with mild lateral compartment osteoarthrosis. Conservative treatment has included corticosteroid injections, activity modification, multiple anti-inflammatory medications since the injury which was 8 months ago. A progress report dated January 7, 2015 indicates that she was using a cane due to increased pain at that time. She had end-stage degenerative joint disease with bone-on-bone changes medially and flattening of the medial femoral condyle and sclerosis of the medial tibial plateau. There was spurring off the tibial spine. She also had patellofemoral joint arthrosis which was moderate in degree. The lateral compartment was okay. She was in varus. Prior progress notes document various nonsteroidal anti-inflammatory drugs including naproxen and ibuprofen. She was also taking tramadol for pain. The MRI had revealed a large degenerative medial meniscal tear. Documentation also indicates that physical therapy had been tried. The MRI scan of the left knee dated 6/5/2014 revealed degenerative tearing of the body and posterior horn of the medial meniscus. Moderate medial and lateral compartment marginal osteophytes were noted. There was degradation of the medial compartment articular cartilage with subchondral eburnation and granulation tissue. Mild irregularity of the lateral compartment articular cartilage was seen. Bilateral notch osteophytes were identified. The patellar cartilage was intact. There was partial thickness chondral loss of the midline trochlear cartilage. Subcortical cystic changes within the anterior tibia compatible with chronic traction injury were noted. There was suprapatellar joint effusion with synovial thickening. A lobulated popliteal cyst was noted. X-rays of the left knee dated 6/9/2014 revealed medial compartment spurs and marked narrowing of the medial compartment. There were spurs off the tibial spine noted the impression was "marked degenerative changes of the medial compartment."

IMR ISSUES, DECISIONS AND RATIONALES

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

Total knee replacement 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, Knee, Indications for Surgery, Knee Arthroplasty.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Knee Joint Replacement.

Decision rationale: The injured worker meets the criteria for a total knee arthroplasty per ODG guidelines. She has severe involvement of the medial compartment and patellofemoral joint and

mild involvement of the lateral compartment. She has had conservative care including exercise therapy, supervised physical therapy and home rehabilitation exercises, medications including various nonsteroidal anti-inflammatory drugs and corticosteroid injections PLUS she has subjective clinical findings of limited range of motion and nighttime joint pain and no pain relief with conservative care and documentation of current functional limitations demonstrating necessity of intervention PLUS objective clinical findings of age over 50 and body mass index of less than 40, PLUS imaging clinical findings of osteoarthritis on standing x-rays with loss of chondral clear space in the medial compartment and varus deformity. As such, the guideline requirements for a total knee arthroplasty have been met and the requested procedure is appropriate and medical necessary.

Pre op clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low Back, Topic: Preoperative testing, general, Preoperative electrocardiography, Harrison's Principles of Internal Medicine, 18th Edition, Page 62.

Decision rationale: ODG guidelines indicate that a total knee arthroplasty is an intermediate risk procedure. In light of her age a detailed history and physical examination performed by an internal medicine specialist is therefore appropriate. Harrison's Principles of Internal Medicine 18th edition on page 62, chapter 8, "Medical Evaluation of the Surgical Patient", states: "Cardiovascular and pulmonary complications continue to account for major morbidity and mortality in patients undergoing non-cardiac surgery. Emerging evidence based practices dictate that the internist should perform an individualized evaluation of the surgical patient to provide an accurate preoperative risk assessment and stratification to guide optimal perioperative risk reduction strategies." As such, the request for medical clearance is appropriate and the medical necessary.

Front wheeled walker: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) OGD: Section: Knee, Topic: Walking Aids.

Decision rationale: ODG guidelines recommend walking aids such as the front wheeled walker. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Assistive devices for ambulation can reduce pain associated with osteoarthritis. The injured worker is undergoing a total knee arthroplasty and will have difficulty with ambulation until the

rehabilitation process is completed. As such, the need for a wheeled walker is supported and the medical necessary.

Contrast compression device 14 day rental: 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 and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Thromboembolism.

Decision rationale: ODG guidelines recommend identifying subjects who are at high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. Current evidence suggests venous thrombosis prophylaxis is needed for in-patients undergoing many orthopedic, general and cancer surgery procedures and should be given for at least 7-10 days. In addition, prolonged prophylaxis for 4-5 weeks also shows a net clinical benefit in the high risk patients and procedures. Although mechanical methods do reduce the risk of deep vein thrombosis, there is no evidence that they reduce the main threat, the risk of pulmonary embolism, fatal PE, or total mortality. In contrast, pharmacological methods significantly reduce all of these outcomes. Stockings are recommended for prevention of venous thromboembolism except in stroke patients. The newer oral anticoagulants Rivaroxaban and dabigatran are indicated as treatment options for specific indications, namely hip and knee replacement surgery. Although oral anticoagulants are indicated, the medical necessity for mechanical methods such as compression devices has not been substantiated. As such, the request for a contrast compression device 14 day rental is not medically necessary.

Post op physical therapy 2x6: 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 and medically necessary.

3 day inpatient hospital stay: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hospital Length of Stay.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: 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 hospital stay which is appropriate and the medical necessity has been established.