

<b>Case Number:</b>	CM15-0052089		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	03/31/2005
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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

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 60-year-old male who reported an injury on 03/31/2005. The mechanism of injury reportedly occurred as a trip and fall. He is diagnosed with sprain and strain of the right knee, with exacerbations. Past treatments have included operative procedures, postoperative physical therapy, cortisone injections, medications, and status post x3 hyaluronic acid injections of the right knee. Pertinent diagnostics include a CT scan of the right knee, with findings of a small joint effusion. Pertinent diagnostics include x-rays of the right knee, with findings of prior right knee arthroplasty. Extensive spur formation and/or soft tissue calcifications are re-identifiable. Patella appears somewhat low lying similar to prior. His surgical history includes a diagnostic and operative arthroscopy of the right knee, chondroplasty and shaving of the patella, chondroplasty and shaving of the trochlea, chondroplasty and shaving of the medial femoral condyle and tibia, partial and medial meniscectomy, partial and lateral meniscectomy, right knee arthroscopy with chondroplasty and meniscectomy. The injured worker presented on 02/09/2015, with complaints of left knee pain. The injured worker further reported that his knee is giving out, and mostly has pain in the medial and anterior aspect of the left knee. In terms of the right knee, he still has difficulty going up and down stairs. Upon physical examination of the left knee, there was pain along the medial joint line, with moderate effusion, pain with patellar grinding, and pain with valgus stressing, and good end. The right knee examination showed mild flexion instability. Furthermore, the right knee examination showed a clean incision that was dry and intact, with moderate effusion. His current medication regimen included hydrochlorothiazide, metoprolol, Nucynta, Quinapril, propafenone, atorvastatin, and aspirin.

The treatment plan included to proceed with 5 Supartz injections, using ultrasound guidance for the left knee, a revision right total knee arthroplasty both femoral and tibial components, preoperative medical clearance and follow-up, postoperative rehab to start at the clinician's discretion twice a week for 6 weeks, postoperative hinged knee brace, and Lovenox 40 mg subq daily for 7 days, and a follow-up in 6 weeks. The rationale for the request for the left knee was osteoarthritis. The rationale for the request for the right knee was flexion instability after total knee replacement. A Request for Authorization form dated 02/16/2015 was with the documentation for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Supartz injections with ultrasound guidance, Left Knee, Qty 5: 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 (Acute & Chronic).

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

**Decision rationale:** The request for Supartz injection with ultrasound guidance, left knee, quantity 5, is not medically necessary. The injured worker has bilateral knee pain. The Official Disability Guidelines state that hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments, such as exercise, NSAIDs, or acetaminophen, to potentially delay total knee replacement. The documentation submitted for review failed to provide evidence that the injured worker has not recently responded to conservative treatment for at least 3 months. Additionally, the guidelines state that the criterion for hyaluronic acid injections includes failure to adequately respond to aspiration and injection of intra-articular steroids. In the absence of the aforementioned documentation, the request for Supartz injection with ultrasound guidance, left knee, quantity 5, does not meet medical necessity at this time. As such, the request for Supartz injection for the ultrasound guidance, left knee, quantity 5, is not medically necessary.

#### **Right Total Knee Arthroplasty revision: 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 (Acute & Chronic) - Indications for Surgery.

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

**Decision rationale:** The request for right total knee arthroplasty revision is not medically necessary. The injured worker has bilateral knee pain. The Official Disability Guidelines state that the criteria for revision total knee arthroplasty include recurrent disabling pain, stiffness and functional limitation that has not responded to appropriate conservative nonsurgical management, including exercise and physical therapy, fracture or dislocation of the patella, and instability of the components or aseptic loosening, infection and periprosthetic fractures. The documentation submitted for review failed to provide evidence that the injured worker has had recurrent disabling pain, or that the injured worker has recently failed to respond to appropriate conservative nonsurgical management, including physical therapy. Furthermore, the documentation submitted for review failed to provide evidence of instability of the components or aseptic loosening. In absence of the aforementioned documentation, the request as submitted is not supported by the guidelines. As such, the request for right total knee arthroplasty revision is not medically necessary.

**Pre-operative clearance and follow up:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, CA Official Medical Fee Schedule, 1999 edition, page 92-93.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative testing, general.

**Decision rationale:** The request for preoperative clearance and follow-up is not medically necessary. The injured worker has bilateral knee pain. The Official Disability Guidelines recommend preoperative clearance, preoperative testing such as chest radiography, electrocardiography, laboratory testing and urinalysis before surgical procedures. However, the documentation submitted for review failed to provide evidence to establish the medical necessity of a surgical procedure. As such, the request for preoperative clearance and follow-up is not medically necessary.

**Post-operative Physical Therapy, 12 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

**Decision rationale:** The request for postoperative physical therapy 12 visits is not medically necessary. The injured worker has bilateral knee pain. The Official Disability Guidelines recommend 24 postoperative physical therapy visits for arthroplasty of the knee. Furthermore, the Guidelines recommend an initial number of half of the recommended visits for the requested diagnosis. However, the documentation submitted for review failed to provide

evidence to warrant the medical necessity of a right knee total knee arthroplasty revision. As such, the request for postoperative physical therapy 12 visits is not medically necessary.

**Post-Operative Knee Brace: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Walking aids (canes, crutches, braces, orthoses, & walkers).

**Decision rationale:** The request for postoperative knee brace is not medically necessary. The injured worker has bilateral knee pain. The Official Disability Guidelines do not recommend immobilization as a primary treatment. The documentation submitted for review failed to provide evidence to warrant the medical necessity of a right total knee arthroplasty revision. Given that, there will be no surgical intervention; the request for a postoperative knee brace is not warranted. As such, the request for postoperative knee brace is not medically necessary.

**Lovenox 40 mg Qty (unspecified): 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 Other Medical Treatment Guideline or Medical Evidence:Lovenox.com.

**Decision rationale:** Request for Lovenox 40 mg quantity unspecified is not medically necessary. Lovenox.com states that Lovenox helps reduce the risk of deep vein thrombosis, also known as DVT blood clots to help avoid potential pulmonary embolism in patients undergoing abdominal surgery, hip replacement surgery, knee replacement surgery or medical patients with severely restricted mobility during acute illness. The documentation submitted for review failed to provide evidence to warrant a knee replacement surgery. As such, the request for Lovenox 40 mg (quantity unspecified) is not medically necessary.