

Case Number:	CM15-0059477		
Date Assigned:	04/20/2015	Date of Injury:	06/27/2008
Decision Date:	07/17/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/30/2015

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: New York

Certification(s)/Specialty: Internal Medicine

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 59 year old male, who sustained an industrial injury on 6/27/2008. He reported a fall while coming down a ladder and hitting his head, stating that his left knee gave out, resulting in injury to his neck, low back, and left knee. The injured worker was diagnosed as having posttraumatic degenerative osteoarthritis of bilateral knees, left knee meniscal tear, status post two arthroscopic surgeries on the left knee, lumbar disc herniation, lumbar radiculopathy, and spinal stenosis. Treatment to date has included diagnostics, physical therapy, transcutaneous electrical nerve stimulation unit, surgical intervention, acupuncture, chiropractic, and medications. A neurological surgery consult, dated 10/15/2014, noted complaints of low back pain with radiation down both lower extremities, rated as 8/10 with or without medications. Magnetic resonance imaging of the lumbar spine findings (12/03/2013) were referenced. The treatment plan included surgical intervention (L3, L4 and L5 decompressive laminectomies and foraminotomies), magnetic resonance imaging of the lumbar spine, magnetic resonance imaging of the cervical spine, lumbosacral orthosis, pre-operative medical clearance, and post-operative analgesics (Percocet). The PR2 report, dated 1/22/2015, noted complaints of pain in the cervical and lumbar spines and left knee, with report of Norco not working. Currently, the injured worker complains of severe neck and back pain, stating that back pain causes pain to his left knee. The treatment plan included a left total knee replacement, with a 3 day inpatient hospital stay and a 10 day post discharge rehabilitation stay at a skilled nursing facility, left knee magnetic resonance imaging, pre-operative medical clearance, urine toxicology, post-operative biomechanical support knee brace, post-operative DVT max rental for 30 days and purchase of

supplies, post-operative continuous passive motion machine rental for 30 days with purchase of sheepskin, post-operative motorized cold unit rental for 21 days (per request dated 3/08/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of left knee: 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), Indications for imaging-MRI (magnetic resonance imaging).

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

Decision rationale: Official Disability Guidelines (ODG) recommend MRI (magnetic resonance imaging) of Knee for: Acute trauma to the knee, including significant trauma (e.g., motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption. Non- traumatic knee pain, child or adolescent: non-patellofemoral symptoms. Initial anteroposterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed. Non-traumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs non-diagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary, and if internal derangement is suspected. Non-traumatic knee pain, adult. Non-trauma, non-tumor, non-localized pain. Initial anteroposterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected. Non-traumatic knee pain, adult non-trauma, non-tumor, non- localized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement (e.g., Peligrini Stieda disease, joint compartment widening). Repeat MRIs: Post- surgical if need to assess knee cartilage repair tissue. (Ramappa, 2007) Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. (Weissman, 2011) Medical Records of injured worker document advanced Osteoarthritis (severe tricompartmental arthritis). The injured worker had previous Knee MRI. There is no clear documentation why preoperative MRI is needed. Given ODG criteria, preoperative MRI of left knee is not medically necessary.

Post-op DVTmax rental 30 days and purchase for supplies for left knee: 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), The American Academy of Orthopaedic Surgeons (AAOS).

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

Chapter --Venous thrombosis and Other Medical Treatment Guidelines American Academy of Orthopaedic Surgeons (AAOS).

Decision rationale: California MTUS does not address this request. This requested treatment is evaluated in light of the Official Disability Guidelines and per American Academy of Orthopaedic Surgeons (AAOS), as ODG does not address directly the use of Post-op DVTmax rental. Official Disability Guidelines (ODG) state: According to AAOS, unless contraindicated, mechanical compression should be utilized for both total hip and knee arthroplasty for all patients in the recovery room and during the hospital stay. For patients undergoing THR or TKR, ACCP recommends the optimal use of mechanical thromboprophylaxis with the VFP (venous foot pump) or IPC (intermittent pneumatic compression) for patients with a high risk of bleeding. When the high bleeding risk decreases, ACCP recommends that pharmacologic thromboprophylaxis be substituted for or added to the mechanical thromboprophylaxis. (AAOS/ACCP, 2010)The American Academy of Orthopaedic Surgeons (AAOS) states that in total knee replacements, this is appropriate until the patient is walking and ambulating near a normal amount. 21 days is the normal length of time. "Recommended as an option after surgery, but not for nonsurgical treatment." Although the use of equipment is appropriate, but the requested treatment exceeds guidelines, therefore, Requested Treatment: Post-op DVTmax rental 30 days and purchase for supplies for left knee is not medically necessary

Post-operative knee brace with associated accessories for left knee: 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).

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

Decision rationale: This requested treatment is evaluated in light of the Official Disability Guidelines. California MTUS does not address this issue. Official Disability Guidelines (ODG) recommend knee brace for Knee instability Ligament insufficiency/deficiency, Reconstructed ligament, Articular defect repair, Avascular necrosis, Meniscal cartilage repair, Painful failed total knee arthroplasty, Painful high tibial osteotomy, Painful unicompartmental osteoarthritis, Tibial plateau fracture. ODG state, "Postoperative bracing did not protect against re-injury, decreased pain, improved stability." The treatment plan for injured worker includes left total knee replacement. There is no reconstructive surgery to be performed, therefore, the requested treatment for Post-operative knee brace with associated accessories for left knee is not medically necessary.

Percocet 5/325mg, 1-2 tabs every 6 hours as needed, post-op knee, #100, one refill: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346,347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter --Opioids.

Decision rationale: Percocet or Oxycodone 5/325mg is a short-acting opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. These medications are generally classified according to potency and duration of dosage. In this case of injured worker, Percocet may be necessary for acute pain control post-operatively, but the requested treatment "Percocet 5/325mg, 1-2 tabs every 6 hours as needed, post-op knee, #100, one refill" exceeds the guidelines. The request is not medically necessary.

Post-operative knee CPM rental 30 days: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee and Leg Chapter - CPM (Continuous passive motion devices).

Decision rationale: This requested treatment is evaluated in light of the Official Disability Guidelines. Official Disability Guidelines (ODG) Criteria for the use of continuous passive motion devices: In the acute hospital setting, postoperative use may be considered medically necessary, for 4-10 consecutive days (no more than 21), for the following surgical procedures: (1) Total knee arthroplasty (revision and primary) (2) Anterior cruciate ligament reconstruction (if inpatient care) (3) Open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint (BlueCross BlueShield, 2005) For home use, up to 17 days after surgery while patients at risk of a stiff knee are immobile or unable to bear weight: (1) Under conditions of low postoperative mobility or inability to comply with rehabilitation exercises following a total knee arthroplasty or revision; this may include patients with: (a) complex regional pain syndrome; (b) extensive arthrofibrosis or tendon fibrosis; or (c) physical, mental, or behavioral inability to participate in active physical therapy. (2) Revision total knee arthroplasty (TKA) would be a better indication than primary TKA, but either OK if #1 applies, although the use of equipment is appropriate, but the requested treatment exceeds the guidelines, therefore, Requested Treatment: Post-operative knee CPM rental 30 days is not medically necessary.

Post-operative purchase sheep skin pad for left knee: 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).

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

Decision rationale: This requested treatment is evaluated in light of the Official Disability Guidelines. Official Disability Guidelines (ODG) recommend a continuous passive range of motion for a patient post-operatively for up to 7 days following total knee replacement, or a documented inability to participate in active physical therapy. For home use, up to 17 days after surgery while patients at risk of a stiff knee are immobile or unable to bear weight: It appears Post-operative purchase sheepskin pad for left knee is being requested for use with the CPM Unit. As the Post-operative knee CPM rental 30 days is not medically necessary, therefore, the Requested Treatment Post-operative purchase sheepskin pad for left knee is not medically necessary.

Post-operative motorized cold therapy unit rental 21 days for left knee: 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).

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

Decision rationale: This requested treatment is evaluated in light of the Official Disability Guidelines. (ODG) Official Disability Guidelines (ODG) do recommend continuous cold therapy post-operatively for up to 7 days. Continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. This meta-analysis showed that cryotherapy has a statistically significant benefit in postoperative pain control, while no improvement in postoperative range of motion or drainage was found. As the cryotherapy apparatus is fairly inexpensive, easy to use, has a high level of patient satisfaction, and is rarely associated with adverse events, we believe that cryotherapy is justified in the postoperative management of knee surgery. Although the use of equipment is appropriate post-operatively for this injured worker, but the requested treatment exceeds the guidelines, therefore, Requested Treatment: Post-operative knee CPM rental 30 days is not medically necessary.