

Case Number:	CM15-0065814		
Date Assigned:	04/13/2015	Date of Injury:	12/02/2014
Decision Date:	07/07/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/07/2015

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: Illinois, California, Texas
 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 56-year-old male who sustained an industrial injury on 12/02/14. Injury was reported to the low back and left knee while pushing and pulling trash cans at work. Past medical history was positive for hypertension, H pylori infection, and gastroesophageal reflux disease. Past surgical history was positive for right total knee arthroplasty on 5/3/13. Conservative treatment was documented to include anti-inflammatory medications, muscle relaxants, and physical therapy. Medical records documented his body mass index as less than 40. The 1/15/15 left knee MRI impression documented maceration of the entire lateral meniscus, complex tearing of the posterior horn of the medial meniscus, chronically ruptured anterior cruciate ligament, moderate joint effusion with synovitis, and patellar tendinosis. There was moderate to severe lateral and moderate medial compartment osteoarthritic changes consisting of joint space narrowing, osteophytosis, and subchondral sclerosis. The 2/9/15 orthopedic report cited increased left knee pain with locking, popping and clicking. He had crepitus when he bent or strained the left knee. He reported intermittent swelling with prolonged standing. He was taking anti-inflammatory medication, using an assistive device occasionally, and had a significant amount of recent physical therapy which did not help. He had a known history of osteoarthritis in the left knee. The injured worker reportedly had a large knee. Left knee exam documented range of motion 5-120 degrees with a significant amount of crepitus especially over the anterior and medial aspects of the knee. There was no gross instability or laxity, but some guarding on exam. There was some degree of pain with most provocative testing. The diagnosis was left knee degenerative joint disease aggravated by prolonged walking at work. MRI was not

available for review. It was opined that arthroscopic or small intervention would not be an option given the significant amount of pre-existing left knee disease. The 2/16/15 orthopedic follow-up report noted review of the MRI and findings of severe arthritis with tricompartmental osteophyte formation. There was no evidence of any remaining ACL and his meniscal tissue was of very poor quality. He reported that steroid injections in the past had helped for a short period of time and was not interested in more. Conservative management would include anti-inflammatory medications, supportive braces, and light exercise. Surgical options were discussed. The 3/9/15 treating physician report cited persistent left knee pain. He was unable to return to full duty status and light duty was not available. Physical exam documented tenderness to palpation, limp favoring the left knee, range of motion 5-110 degrees, and crepitus over the patellofemoral joint and medial joint line. The diagnosis was left knee severe degenerative joint disease. The injured worker had not been able to get relief of his pain from conservative treatment. The plan of care included surgical intervention and authorization was requested for left total knee arthroplasty with 3 day inpatient stay, home continuous passive motion (CPM) machine for 30 days, cold therapy unit for 30 days, and home health physical therapy sessions (4x4). The 5/23/15 utilization review non-certified the left total knee arthroplasty and associated surgical requests as there was no report of body mass index, diagnostic imaging data, or specific treatment to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left total knee arthroplasty: 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) Knee and Leg: Knee joint replacement.

Decision rationale: The California MTUS does not provide recommendations for total knee arthroplasty. The Official Disability Guidelines recommend total knee replacement when surgical indications are met. Specific criteria for knee joint replacement include exercise and medications or injections, limited range of motion (< 90 degrees), night-time joint pain, no pain relief with conservative care, documentation of functional limitations, age greater than 50 years, a body mass index (BMI) less than 40, and imaging findings of osteoarthritis. Guideline criteria have been met. This injured worker presents with significant left knee pain with locking and popping. Functional limitations are noted in standing and walking that preclude his return to work. Clinical exam findings are consistent with imaging findings of tricompartmental osteoarthritis. Body mass index is less than 40. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

Associated surgical services: 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), 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 and Leg: Hospital length of stay (LOS).

Decision rationale: The California MTUS does not provide recommendations for hospital length of stay. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The recommended median and best practice target for a total knee arthroplasty is 3 days. Guideline criteria have been met for inpatient length of stay of 3 days. Therefore, this request is medically necessary.

Associated surgical services: Cold therapy unit for 30 days: Upheld

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) Knee and Leg: Continuous flow cryotherapy.

Decision rationale: The California MTUS is silent regarding cold therapy units. The Official Disability Guidelines state that continuous-flow cryotherapy is an option for up to 7 days in the post-operative setting following knee surgery. There is no compelling reason presented to support the medical necessity of a cold therapy unit beyond the 7-day rental recommended by guidelines. Therefore, this request is not medically necessary.

Associated surgical services: Home CPM unit, cold therapy unit: Upheld

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) Knee and Leg: Continuous passive motion (CPM).

Decision rationale: The California MTUS does not provide recommendations for CPM units following arthroplasty. The Official Disability Guidelines recommended the use of continuous passive motion devices in the acute hospital setting for no more than 21 days following total knee arthroplasty (revision and primary), anterior cruciate ligament reconstruction, and open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint. Guidelines support home use up to 17 days while patients at risk of a stiff knee are immobile or unable to bear weight following a primary or revision total knee arthroplasty. Although the use

of CPM during the post-operative period for home use would be appropriate for this patient, there is no compelling reason to support the medical necessity of this request beyond the 17-day guideline recommendation. Therefore, this request is not medically necessary.

Associated surgical services: Post-op home health physical therapy 4 x 4: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic).

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

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for knee arthroplasty suggest a general course of 24 post-operative visits over 10 weeks during the 4-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. This is the initial request for post-operative physical therapy and, although it exceeds recommendations for initial care, is within the recommended general course. Therefore, this request for is medically necessary.