

Case Number:	CM15-0089334		
Date Assigned:	05/13/2015	Date of Injury:	01/29/1979
Decision Date:	07/07/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/08/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old male patient who sustained an industrial injury on 01/29/1979. A primary treating office visit dated 01/06/2015 reported the patient with subjective complaint of having constant, sharp pin in the knees. He reports weakness with stiff knees, swelling and decreased range of motion to bilateral knees. He is treated under the diagnoses of knee pain, and osteoarthritis of bilateral knees. The patient is able to return to work duty. There is pending authorization to undergo a knee replacement. A visit dated 03/03/2015 reported the patient having been told to have surgery of a knee replacement and followed by postoperative physical therapy. The treating diagnoses remain unchanged along with subjective complaints. The patient was pre-operatively worked up on 04/16/2015 and noted to have an abnormal EKG, now referred for urgent cardiac evaluation. Cardiology evaluated and diagnosed with nonspecific abnormal electrocardiogram, pre-operative cardiovascular examination; and disorder of knee. On 03/26/2014 he underwent radiography study of the knee which noted the patient with moderate to severe degenerative arthrosis, medial femorotibial joint and patellofemoral joint; mild valgus deformity; bone island, proximal tibial metaphysis, and no other significant abnormalities. Of note, the patient also had a re-repeat radiography study of the knee of 03/28/2014, which revealed moderate to severe degenerative arthrosis, medial femorotibial joint and patellofemoral joint. Another radiographic study of the shoulder on 04/22/2014 that showed no acute fracture and early degenerative joint disease of the acromioclavicular joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative 4 day in patient hospital stay: 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 Chapter regarding hospital length of stay.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Knee, Hospital Length of Stay.

Decision rationale: The patient presents with diagnoses of knee pain and osteoarthritis of the bilateral knee. There is a pending authorization to undergo a knee replacement. The patient currently complains of having constant, sharp pain in the knees. The radiography study of the knee noted the patient with moderate to severe degenerative arthrosis, medial femorotibial joint and patellofemoral joint. The current request is for Post-operative 4 day in patient hospital stay. The Utilization review dated 4/21/15 (6A) modified the physician's request and approved a 3-day post-operative stay in the hospital as opposed to the 4-day stay requested. The treating physician report dated 4/16/15 (25B) does not provide a rationale for the current request. The MTUS guidelines are silent regarding this issue. The ODG guidelines support up to a 3-day inpatient stay status post total knee replacement. In this case, the current request for a 4-day post-operative hospital stay exceeds the 3 days recommend by the ODG guidelines. The current request is not medically necessary.

Post-operative CPM machine for 45 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, Knee and Leg regarding continuous passive motion (CPM).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Knee & Leg, Continuous Passive Motion (CPM).

Decision rationale: The patient presents with diagnoses of knee pain and osteoarthritis of the bilateral knee. There is a pending authorization to undergo a knee replacement. The patient currently complains of having constant, sharp pain in the knees. The radiography study of the knee noted the patient with moderate to severe degenerative arthrosis, medial femorotibial joint and patellofemoral joint. The current request is for Post-operative CPM machine for 45 days. The Utilization review dated 4/21/15 (6A) modified the physician's request and approved a 21-day CPM unit as opposed to the 45-day request. The treating physician report dated 4/16/15 (25B) provides no rationale for the current request. The MTUS guidelines are silent regarding this request. The ODG guidelines has the following regarding the use of CPM for post-operative use: "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)." In this case, the current request for 45 days exceeds the

maximum of 21 days as outlined by the ODG guidelines. The current request is not medically necessary.

Post-operative knee brace: 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 and Leg Chapter, Durable Medical Equipment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Knee and Leg, Knee Brace.

Decision rationale: The patient presents with diagnoses of knee pain and osteoarthritis of the bilateral knee. There is a pending authorization to undergo a knee replacement. The patient currently complains of having constant, sharp pain in the knees. The radiography study of the knee noted the patient with moderate to severe degenerative arthrosis, medial femorotibial joint and patellofemoral joint. The current request is for Post-operative knee brace. The treating physician report dated 4/16/15 (25B) provides no rationale for the current request. The MTUS guidelines do not address the current request. ACOEM page 340 does state, "A brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits may be more emotional than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary." The ODG guidelines state, "Postoperative bracing did not protect against re-injury [sic], decrease pain, or improve stability." In this case, the patient will have knee instability after his knee replacement. Until his ligaments heal, his knee should be considered unstable. The current request is medically necessary.

Post-operative left compression device: 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 and Leg Chapter, Durable Medical Equipment.

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

Decision rationale: The patient presents with diagnoses of knee pain and osteoarthritis of the bilateral knee. There is a pending authorization to undergo a knee replacement. The patient currently complains of having constant, sharp pain in the knees. The radiography study of the knee noted the patient with moderate to severe degenerative arthrosis, medial femorotibial joint and patellofemoral joint. The current request is for Post-operative left compression device. The treating physician report dated 4/16/15 (25B) does not provide a rationale for the current request. The MTUS guidelines do not address the use of post-operative compression devices. The ODG guidelines support the use of compression garments for the "management of telangiectases after sclerotherapy, varicose veins in pregnancy, the prevention of edema and deep vein thrombosis

(DVT) healing leg ulcers and preventing progression of post-thrombotic syndrome as well as in the management of lymphedema." In this case, the current request is supported by the ODG guidelines as the IW will be at risk for DVT in the post-operative phase of his knee replacement. The current request is medically necessary.