

<b>Case Number:</b>	CM13-0036364		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	08/01/2009
<b>Decision Date:</b>	02/12/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 69-year-old gentleman who was injured in work related on August 01, 2009. All requests in this case are in regard to the surgical request of a right total knee arthroplasty, which has been approved by carrier. The patient is with underlying advanced degenerative changes that have failed conservative care. The role of operative arthroplasty of the right knee has been supported by records. At present, there is a perioperative request for a preoperative MRI scan of the right knee, a Continuous Passive Motion (CPM) machine for six weeks, a cryotherapy device for six weeks, home health services three to five times per week for three weeks for dressing changes and wound checks, and home physical therapy for 15 visits in the postoperative setting.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **The request for an MRI of the Right 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), Treatment Index, 11th Edition (web), 2013, Knee and Leg Chapter, Knee Replacement, Custom-fit Total Knee Replacement.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Procedure, MRI's (magnetic resonance imaging).

**Decision rationale:** The California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, the role of an MRI scan prior to joint arthroplasty would not be indicated. At present, guideline criteria does not recommend the role of postoperative assessment with an MRI scan for planning purposes for arthroplasty. This would be inclusive of MRI scans that would be performed for the purpose of implant sizing and measurement. The specific request for this test for the nature of the surgical process in question is not supported by guidelines. Therefore the request for an MRI of the Right Knee is not medically necessary and appropriate.

**The request for a Continuous Passive Motion (CPM) machine for six (6) weeks post-operatively:** 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), Treatment Index, 11th Edition (web), 2013, Knee and Leg Chapter, Continuous passive motion (CPM).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Procedure, Continuous passive motion (CPM).

**Decision rationale:** The California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, six weeks of a CPM device would not be indicated. Guidelines would only indicate up to 21 days of use of a CPM device following total joint arthroplasty. The six weeks in question exceeds guidelines. Therefore the request for a Continuous Passive Motion (CPM) machine for six (6) weeks post-operatively is not medically necessary and appropriate.

**The request for a Cooling Unit for six (6) weeks post operatively:** 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), Knee Procedure, Continuous-flow cryotherapy.

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

**Decision rationale:** The California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, a cryotherapy device is recommended as an option after surgery. Postoperative use generally may be up to seven (7) days, including home use. The requested six weeks of use exceeds guidelines. Current literature does not support the role of cryotherapy for total knee arthroplasty. While it can be utilized in other forms of knee related procedures, its use in total knee replacement procedures have yielded no long term benefits. Therefore the request for a Cooling Unit for six (6) weeks post operatively is not medically necessary and appropriate.

**The request for Home Health dressing change/wound check three (3) to five (5) times per week for three (3) weeks post operatively: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that home health services are only recommended for medical treatments for patients who are homebound, on a part-time or intermittent basis, for up to 35 hours per week. Based on the Chronic Pain Medical Treatment Guidelines, up to 15 sessions of home health assessment for dressing changes and wound checks would not be supported. The claimant is undergoing a total joint arthroplasty, which typically would not require complex treatment of a wound or need for "wound checks." Inpatient hospital course should allow plenty of time for the claimant to demonstrate teaching from nursing in regard to daily dressing changes and signs of wound issues. Therefore the request for Home Health dressing change/wound check three (3) to five (5) times per week for three (3) weeks post operatively is not medically necessary and appropriate.

**The request for Home Health Physical Therapy three (3) times per week for three (3) to five (5) weeks (15 visits) post operatively: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51, Postsurgical Treatment Guidelines.

**Decision rationale:** Based on the Chronic Pain Medical Treatment Guidelines, and supported by the Post-Surgical Treatment Guidelines, 15 initial sessions of physical therapy in the home based setting would not be indicated. The records did not indicate why the patient would be "homebound" for a five week period of time. The specific request for 15 sessions of initial therapy exceeds guideline criteria and would not be indicated. Therefore the request for Home Health Physical Therapy three (3) times per week for three (3) to five (5) weeks (15 visits) post operatively is not medically necessary and appropriate.