

Case Number:	CM14-0003060		
Date Assigned:	01/29/2014	Date of Injury:	02/24/2010
Decision Date:	06/19/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/08/2014

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. The expert 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 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/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 an employee of the city of [REDACTED] and has filed a claim for posttraumatic arthritis associated with an industrial injury date of February 24, 2010. Treatment to date has included femoral rodding for a left proximal femur fracture, right total knee replacement, physical therapy, and medications. Medical records from 2011-2013 were reviewed showing the patient recovering from a total knee replacement on the right side from June 13, 2013 as well as a hip fracture on the left. A total knee replacement for the left side has been authorized. The patient has an intermedullary rod for the left femur which runs from the left hip joint all the way into the left thigh just above the knee. No other comorbidities were noted except for hypertension for which the patient takes medications for. On examination, the left knee was noted to have effusion, valgus deformity, and medial and lateral joint line tenderness. Range of motion for the left knee was noted to be reduced and painful. Quadriceps atrophy was also noted for the left side. X-ray noted valgus deformity of the left knee when 0 mm of joint space remaining with bone-on-bone arthritis. An MRI from February 2013 of the left knee demonstrated advanced tricompartmental osteoarthritis with cartilage loss greatest in the lateral femoral tibial and patellofemoral compartments. A utilization review from December 10, 2013 denied the request for pin and rod removal of the left femur due to concurrent approval of total knee replacement for the left knee; total knee replacement can be performed without rod removal. The request for hot/cold therapy unit was modified to a continuous cold therapy unit as heat is not indicated per the guidelines. The request for hospitalist and preoperative internal medicine consultation was denied due to no other comorbidities except for hypertension for which he patient is taking medications for.

IMR ISSUES, DECISIONS AND RATIONALES

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

PIN AND ROD REMOVAL, LEFT FEMUR: 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).

Decision rationale: The ODG states that hardware implant removal from fracture fixation is not recommended as a routine operation except in the case of broken hardware or persistent pain after ruling out other causes of pain such as infection and nonunion. In this case, the patient has an intramedullary rod from fracture fixation of the proximal femur. According to the medical records provided for review, the patient also has an advanced state of left knee osteoarthritis with acquired valgus deformity that has been approved for treatment with total knee arthroplasty (TKA). The medical records also indicate that the in situ left femoral intramedullary nail "runs from the left hip joint all the way into the left thigh just above the knee." Accordingly, this hardware presents a significant obstacle to performing a TKA with conventional instrumentation. Specifically, without a stage 1 procedure to remove the in situ intramedullary nail, the surgeon would be limited in the following ways: 1) inability to use an intramedullary guide to perform a standard distal femoral resection; 2) inability to supplement fixation of prosthesis with intramedullary stems. Therefore, the request for removal of in situ left femur hardware (i.e. intramedullary rod & pin) is recognized as a medically necessary preliminary procedure to facilitate a subsequent successful TKA using conventional instrumentation.

POST-OPERATIVE HOT/COLD THERAPY UNIT: 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).

Decision rationale: The Official Disability Guidelines (ODG) state that continuous-flow cryotherapy is an option after surgery and can be used for up to 7 days. In this case, the patient will undergo left total knee replacement. Cold therapy is indicated as a postoperative treatment; however, heat is not. There is no discussion concerning the need for heat therapy in this situation. Therefore, the request for postoperative hot/cold therapy unit is not medically necessary.

PRE-OPERATIVE INTERNAL MEDICINE CONSULTATION: 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 MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004) , INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, 127

Decision rationale: As stated on page 127 of ACOEM Guidelines, occupational health practitioners may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the patient has hypertension and is taking medications for this problem. No other comorbidities or symptoms were noted in the progress notes. The usual preoperative measures should suffice. Therefore, the request for a preoperative internal medicine consultation is not medically necessary and appropriate.

HOSPITALIST'S 3 VISITS: 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 MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004) , INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, 127

Decision rationale: As stated on page 127 of the ACOEM Guidelines, occupational health practitioners may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the patient has hypertension and is taking medications for this problem. No other comorbidities or symptoms to establish medical necessity of 3 hospitalist visits were noted in the medical records provided for review. Therefore, the request is not medically necessary and appropriate.