

Case Number:	CM14-0127996		
Date Assigned:	08/15/2014	Date of Injury:	06/01/2012
Decision Date:	09/29/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/12/2014

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:

This is a 51 year old female with a 6/1/12 injury date. The mechanism of injury was not provided. In a follow-up on 7/11/14, subjective complaints included left knee pain, locking, buckling, night pain, and difficulty climbing stairs. Objective findings included left knee effusion, swelling, severe medial joint line tenderness, varus deformity, gait assisted with cane, and normal strength and sensation. Range of motion was from 0 to 92 degrees. BMI was noted to be 36.6. A left knee x-ray series on 9/13/13 showed moderate to severe medial compartment osteoarthritis. Diagnostic impression: left knee osteoarthritis. Treatment to date: NSAIDs, acupuncture, physical therapy, Synvisc injections. A UR decision on 7/23/14 denied the request for left total knee replacement on the basis that the patient's BMI (36.6) was over the recommended limit of 35, and the patient's knee flexion was greater than the recommended upper limit of 90 degrees. Therefore, a knee replacement did not meet the objective criteria used. The requests for medical clearance on post-op physical therapy were denied on the basis that the surgical procedure was not certified. Treatment to date: NSAIDs, acupuncture, physical therapy, Synvisc injections. A UR decision on 7/23/14 denied the request for left total knee replacement on the basis that the patient's BMI (36.6) was over the recommended limit of 35, and the patient's knee flexion was greater than the recommended upper limit of 90 degrees. Therefore, a knee replacement did not meet the objective criteria used. The requests for medical clearance on post-op physical therapy were denied on the basis that the surgical procedure was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total left knee replacement: 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, Procedure summary - Indications for surgery, knee arthroplasty.

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

Decision rationale: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG): Knee Chapter. The Expert Reviewer's decision rationale:ODG criteria for TKR include "conservative care including Visco supplementation injections or Steroid injection, limited range of motion, nighttime joint pain, and no pain relief with conservative care; over 50 years of age and Body Mass Index of less than 35; and osteoarthritis on imaging or arthroscopy report." In the present case, the patient appears to meet the criteria for prior conservative treatment, in that she had prior NSAID medications, physical therapy, and knee injections (Synvisc). There has been little prior response to this treatment, and given that she has severe osteoarthritis with varus deformity, it is unlikely to respond to further conservative treatment. The patient is right at the limits of ODG recommendations with respect to BMI (patient's is 36.6) and knee flexion (patient's is 92 degrees), but in all other aspects the patient appears to be a good candidate for knee replacement surgery. There are no absolute contraindications to proceeding with the proposed surgery in this case. Therefore, the request for total left knee replacement is medically necessary.

Pre - Op medical clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation, Knee and Leg, (Acute & Chronic)- Preoperative visits and other services by physician.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): ODG (Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter-Pre operative EKG and Lab testing);

Decision rationale: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG): ODG (Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter-Pre operative EKG and Lab testing).The Expert Reviewer's decision rationale:ODG states that "pre-operative testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients

undergoing low-risk surgery do not require electrocardiography. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management." The ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for non-cardiac surgery state that "in the asymptomatic patient, a more extensive assessment of history and physical examination is warranted in those individuals 50 years of age or older." In the present case, the surgical procedure was certified and the surgery is intermediate-risk surgery. Therefore, the request for pre-op medical clearance is medically necessary.

8 Post Operative physical therapy sessions.: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 92-93.

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

Decision rationale: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG): Knee Chapter. The Expert Reviewer's decision rationale: ODG recommends 24 physical therapy sessions over 10 weeks after total knee arthroplasty. In the present case, the surgical procedure was certified, and the requested number of physical therapy sessions is within the limits of what ODG recommends. Therefore, the request for 8 post-operative physical therapy sessions is medically necessary.