

Case Number:	CM14-0131978		
Date Assigned:	09/19/2014	Date of Injury:	10/17/2009
Decision Date:	10/20/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/18/2014

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 Minnesota. 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 injured worker is a 63 year old female with advanced tricompartmental osteoarthritis of the left knee associated with a varus deformity and chronic pain. She has received conservative treatment and tried corticosteroid injections and viscosupplementation. She had undergone a successful right total knee arthroplasty in the past. The disputed issue is the medical necessity for a total knee arthroplasty and her body mass index of 38. The medical records indicate high pain levels, difficult ambulation using a cane, giving way of the knee and advanced degenerative changes on x-rays and MRI. Co-morbidities include diabetes, hypercholesterolemia, and varicosities of the lower extremities associated with edema.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery Total Knee Replacement with Surgical Assistant: 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 Integrated Treatment/Disability Duration Guidelines Knee & Leg (Acute & Chronic) Back to ODG - TWC Index Updated 06/07/2013

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section Knee, Total Knee Arthroplasty

Decision rationale: CA MTUS does not address the indications for a total knee arthroplasty. The latest ODG indications for a total knee arthroplasty include evidence of conservative care including medications, exercise therapy, and corticosteroid or viscosupplementation injections, subjective clinical findings of limitation of motion and pain, age over 50 and BMI fewer than 40. Her last BMI was 38. She clearly meets the imaging criteria of advanced degenerative changes and has tricompartmental osteoarthritis; Injections have been tried without success. Based upon the above, a total knee arthroplasty is medically necessary. The previous utilization review denial was based upon the BMI of 38 and the new guidelines have increased the upper limit of BMI to 40.

Left Knee Injection Femoral Nerve Block,: 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) <Insert Section Knee Total Knee Arthroplasty

Decision rationale: A femoral nerve block for post-operative pain control is medically necessary. Because the surgery is medically necessary, the postoperative pain control is also medically necessary.

Left Knee Lovenox Injections 40 Mg Quantity: 14: 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) Section Knee, Total Knee Arthroplasty, venous thrombosis.

Decision rationale: For prevention of deep vein thrombosis Lovenox is medically necessary.

Pre-Operative Medical Clearance, EKG, Chest X-Ray, Labs, Left Knee: 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) Section Knee Total Knee Arthroplasty

Decision rationale: Pre-operative medical clearance, labs, EKG, and chest x-ray are medically necessary in light of the age, history of diabetes and hypercholesterolemia.

Post-Op Cold Flow Unit, Left Knee: 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) Section Knee Total Knee Arthroplasty, continuous flow cryotherapy.

Decision rationale: For postoperative reduction of blood loss and pain control the cold flow unit is medically necessary. ODG guidelines indicate medical necessity for postoperative use.

Post-Op Sequential Compression Device for 30 Days (E0676rr), Left Knee: 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) Section Knee, Total Knee Arthroplasty, Venous thrombosis.

Decision rationale: For prevention of deep vein thrombosis the post-operative sequential compression device is medically necessary.

Post-Op Front Wheel Walker, Left Knee: 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) Section Knee Topic Total Knee Arthroplasty, walking aids.

Decision rationale: For facilitating ambulation the post-operative walker is medically necessary.

Post-Op Bedside Commode, Left Knee: 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) Section Knee, Topic Total Knee Arthroplasty

Decision rationale: For post-operative use, a bedside commode is medically necessary for shortening the hospital stay and patient safety and convenience.

Physical Therapy-Post-Op Three Times a Week for Four Weeks, Left Knee Quantity: 12:
Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24,. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section Knee, Total Knee Arthroplasty

Decision rationale: Post operative physical therapy is medically necessary. The prior UR decision was based on denial of the surgery. Because the surgery is medically necessary, the post-operative physical therapy is also medically necessary. CA MTUS guidelines indicate 24 visits over 10 weeks. The post surgical physical medicine treatment period is 4 months. The number requested is therefore within the guidelines and is medically necessary.