

Case Number:	CM14-0135261		
Date Assigned:	08/29/2014	Date of Injury:	04/26/2012
Decision Date:	09/24/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/21/2014

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 56-year-old male sustained an industrial injury on 4/26/12. The mechanism of injury was not documented. The patient was status post five left knee arthroscopic surgeries from 1986 to 1991. Records indicated that he was diagnosed with tricompartmental arthritis and had failed comprehensive conservative treatment. A request for left total knee arthroplasty was submitted and approved in utilization review. The 8/5/14 utilization review modified the request for 4-day inpatient stay for the left total knee arthroplasty to 3 days consistent with guidelines. The request for continuous passive motion (CPM) for 6 weeks was modified to 10-day rental consistent with guidelines. The request for 4-week rental of the Vascutherma 4 system for deep vein thrombosis prophylaxis was modified to 3 days rental for in-hospital treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient stay, 4 days: 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 Official Disability Guidelines (ODG) Knee and Leg, Hospital length of stay (LOS).

Decision rationale: The California MTUS does not provide hospital length of stay recommendations. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The recommended median and best practice target for total knee replacement is 3 days. The 8/5/14 utilization review modified the request for 4-day inpatient stay, certifying 3 days. There is no compelling reason to support the medical necessity beyond guideline recommendations and the 3 day inpatient stay previously certified. Therefore, this request is not medically necessary.

CMP machine x 6 weeks rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (<http://www.odg-twc.com/odgtwc/knee.htm>).

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

Decision rationale: following knee arthroplasty. The Official Disability Guidelines recommend the use of continuous passive motion (CPM) devices in the acute hospital setting for 4 to 10 days following total knee arthroplasty (revision and primary). Guidelines support home use up to 17 days while patients at risk of a stiff knee are immobile or unable to bear weight following a primary or revision total knee arthroplasty. This includes patients with complex regional pain syndrome, extensive arthrofibrosis or tendon fibrosis, or physical, mental, or behavioral inability to participate in active physical therapy. Current documentation would support initial CPM use in the hospital setting. The 8/5/14 utilization review modified the request for 6-week use to 10-day use consistent with guidelines. There is no compelling reason to support the medical necessity beyond guideline recommendations and length of use currently certified. Therefore, this request is not medically necessary.

Vascutherma 4 system x 4 weeks rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG: <http://www.odg-twc.com/odgtwc/knee.htm#Venousthrombosis>.

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

Decision rationale: The California MTUS guidelines are silent with regard to the requested item and DVT prophylaxis. The Official Disability Guidelines recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures, such as consideration for anticoagulation therapy. Guidelines indicate mechanical compression should be utilized for total knee arthroplasty for all patients in the recovery room and during the hospital stay. The 8/5/14 utilization review modified the request for 4-week rental of the VascuTherm 4 unit to 3 days consistent with the authorized inpatient length of stay and guidelines. There is no

compelling reason to support the medical necessity of use beyond guideline recommendations and length of use currently certified. Therefore, this request is not medically necessary.