

Case Number:	CM14-0161312		
Date Assigned:	10/06/2014	Date of Injury:	04/28/2012
Decision Date:	11/04/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/01/2014

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 claimant is a 53-year old female who sustained a vocational injury on 04/28/12 and subsequently underwent left total knee arthroplasty on 12/5/13. The office note dated 09/12/14, documented that the claimant had a pain along the pes anserine tendon sheath at the site where there is a prominent screw head that perforated the cortex and medial aspect of the tibia. The screw is palpable beneath the skin and continues to have persistent inflammation and tenderness despite multiple Cortisone injections and physical therapy. The claimant has taken medications of Nucynta and Clonazepam to help with discomfort. She was noted to be unable to walk two blocks and could not stand more than 15 minutes and had a 30 minute sitting tolerance. Physical examination revealed tenderness at the pes anserine region with inflammation and range of motion of zero to 112 degrees. There was a palpable screw at the medial aspect of the tibial right at the site of pes anserine tendon insertion. She had mild quadriceps tendon insertion pain. Her strength was noted to be 4/5. Radiographs were obtained at that time and showed a well fixed, pressed - fit left total knee arthroplasty with appropriate alignment. Left tibial screw was prominent in the medial aspect of the proximal tibia at the site of the pes anserine tendon insertion. There was visible soft tissue inflammation around the prominent screw radiographically. The claimant was given a diagnosis of left total knee arthroplasty with secondary pes anserine tendonitis due to prominent medial tibial screw. The recommendation was made for hardware removal of the left knee, polyethylene minor exchange, removal of medial tibial screw and the surgery has been authorized. This request is for a cold therapy until x2 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy Unit X2 Mos Rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - 2014 Knee & Leg

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) Guidelines do not provide criteria relevant to this request. The Official Disability Guidelines state that venous thrombus prophylaxis is considered medically reasonable for claimants who are at high risk of developing venous thrombus. The medical records provided for review do not contain any documentation that claimant has a previous history of deep vein thrombosis, familial history of deep vein thrombosis, or is at high risk for deep vein thrombosis following the requested surgical intervention of a screw placement and polyethylene minor exchange with left knee arthrotomy. There is no documentation supporting that the claimant is not a candidate for traditional venous thromboembolism prophylaxis with oral therapy which is the preferred method of anti-coagulation following lower extremities surgical interventions. Therefore, based on the documentation presented for review and in accordance with Official Disability Guidelines the request for the two month rental of a deep vein thrombosis prevention unit cannot be considered deemed medically necessary.

DVT Prevention Unit X2 Mos Rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - 2014 Knee & Leg

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) Guidelines do not provide criteria relevant to this request. The Official Disability Guidelines state that venous thrombus prophylaxis is considered medically reasonable for claimants who are at high risk of developing venous thrombus. The medical records provided for review do not contain any documentation that claimant has a previous history of deep vein thrombosis, familial history of deep vein thrombosis, or is at high risk for deep vein thrombosis following the requested surgical intervention of a screw placement and polyethylene minor exchange with left knee arthrotomy. There is no documentation supporting that the claimant is not a candidate for

traditional venous thromboembolism prophylaxis with oral therapy which is the preferred method of anti-coagulation following lower extremities surgical interventions. Therefore, based on the documentation presented for review and in accordance with Official Disability Guidelines the request for the two month rental of a deep vein thrombosis prevention unit cannot be considered deemed medically necessary.

CPM 1 Week Postoperative Use: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - 2014 Online recommendations

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

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. The Official Disability Guidelines support the use of continuous passive motion devices following revision total knee arthroplasty; the authorization by previous Utilization Review identified the procedure as left knee arthrotomy, hardware removal and polyethylene exchange which would be considered under revision total knee arthroplasty. Official Disability Guidelines generally support the continuous passive motion devices for up to 17 days following total knee arthroplasty and subsequently the request falls within the guidelines and can be considered medically reasonable.

Outpatient Physical Therapy 12 Sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - 2014 Physical Therapy

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee & Leg chapter

Decision rationale: The California Post-Surgical Treatment Guidelines recommend up to 24 visits of physical therapy over ten (10) weeks for up to four (4) months following total knee arthroplasty. The particular surgical intervention which has been requested as left knee arthrotomy with hardware removal and polyethylene exchange which technically would be considered revision of a total knee arthroplasty and subsequently the request for 12 visits of outpatient physical therapy falls within the Post-Surgical Guidelines and the request would be considered medically reasonable.