

Case Number:	CM14-0101009		
Date Assigned:	07/30/2014	Date of Injury:	07/18/2013
Decision Date:	04/24/2015	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 61-year-old male with an industrial injury dated 7/19/13. Injury occurred when he was pulling a pallet jack that was stuck, and felt sudden pain in his left knee. Past medical history was positive for sleep apnea, hypertension and arthritis. Records documented a body mass index of 38. The 8/13/13 left knee MRI impression documented a complete biceps femoris tear with significant proximal retraction, and overall severe tricompartmental osteoarthritis, greatest medially. There were extensive medial and lateral chronic degenerative meniscal tears, severe proximal tibial and fibular joint osteoarthritis, and moderate sized knee joint effusion. There was a small Baker's cyst, moderate partial tear of the popliteus tendon distally, complete anterior cruciate ligament tear, and moderate partial posterior cruciate ligament tear. Conservative treatment included physical therapy, exercise, anti-inflammatory medications, activity modification, corticosteroid injection, and bracing. The 11/7/13 orthopedic report cited left anterior and medial knee pain with instability and lateral numbness. Pain was relieved for 7 days following a corticosteroid injection. The brace was helpful but he was having difficulty sitting at his small desk on modified duty. Physical exam documented body mass index 38, varus alignment in the lower extremity, and ambulation with a limp. Left knee exam documented small effusion, 5-/5 quadriceps strength, and range of motion 0-110 degrees. There was tenderness over the patellofemoral and medial joint lines. The knee was stable to all stress. The treatment plan requested left total knee replacement. The 12/5/13 utilization review non-certified the request for total knee arthroplasty as knee motion was not less than 90 degrees and the injured worker was morbidly obese. The 2/7/14 and 3/14/14 treating physician chart notes

cited continued left knee pain, increased with walking up a grade, and popping. A hinged knee brace was helpful in level surface ambulation. Range of motion was 0-85 degrees. The 5/2/14 treating physician chart note indicated that injured worker had not improved. He continued to have left knee pain requiring a brace, restricted range of motion, and swelling. A left total knee replacement was recommended. On 05/23/2014 utilization review non-certified the request for total knee arthroplasty and the associated surgical requests for home health RN 12, 3 day inpatient stay, assistant surgeon, bedside commode, cold therapy unit purchase, pre-op labs: CBC, Chem panel, PT, PTT and UA, and a walker was denied. ODG and Milliman Care Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left total knee arthroplasty: 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 in Worker's Comp, 18th Edition, 2013: Knee and Leg, Knee joint replacement and 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 and Leg: Knee joint replacement.

Decision rationale: The California MTUS does not provide recommendations for total knee arthroplasty. The Official Disability Guidelines recommend total knee replacement when surgical indications are met. Specific criteria for knee joint replacement include exercise and medications or injections, limited range of motion (< 90 degrees), night-time joint pain, no pain relief with conservative care, documentation of functional limitations, age greater than 50 years, a body mass index (BMI) less than 40, and imaging findings of osteoarthritis. Guideline criteria have been met. This 61-year-old patient presents with persistent function-limiting left knee pain. Physical exam documented significant loss of range of motion and body mass index 38. There is imaging evidence of severe tricompartmental osteoarthritis. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

3 day inpatient stay: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, hospital length of stay (LOS) guidelines, Knee replacement (81.54-Total knee replacement).

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 recommendations for hospital length of stay. 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 a total knee arthroplasty is 3 days. Guideline criteria have been met for inpatient length of stay up to 3 days, in the absence of complications. Therefore, this request is medically necessary.

Assistant surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines, Inpatient and Surgical Care 16th Edition.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid services Physician Fee Schedule Assistant Surgeons <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>.

Decision rationale: The California MTUS guidelines do not address the appropriateness of assistant surgeons. The Center for Medicare and Medicaid Services (CMS) provide direction relative to the typical medical necessity of assistant surgeons. The Centers for Medicare & Medicaid Services (CMS) has revised the list of surgical procedures, which are eligible for assistant-at-surgery. The procedure codes with a 0 under the assistant surgeon heading imply that an assistant is not necessary; however, procedure codes with a 1 or 2 implies that an assistant is usually necessary. For this requested surgery, CPT code 27477, there is a 2 in the assistant surgeon column. Therefore, based on the stated guideline and the complexity of the procedure, this request is medically necessary.

Bedside commode: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, 18th Edition, 2013: Knee and Leg, Durable medical equipment (DME).

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: Bathtub seats; Durable medical equipment (DME).

Decision rationale: The California MTUS is silent regarding this durable medical equipment. The Official Disability Guidelines state that certain DME toilet items (commodes) are medically necessary if the patient is room-confined or when prescribed as part of a medical treatment plan for injury or conditions that result in physical limitations. Guideline criteria have not been met. There is no indication that the patient will be room confined following hospital discharge from a total knee replacement to support the medical necessity of a bedside commode. Therefore, this request is not medically necessary.

Cold therapy unit purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, 18th Edition, 2013: Knee and Leg, Continuous-flow cryotherapy.

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 flow cryotherapy.

Decision rationale: The California MTUS are silent regarding cold therapy devices. The Official Disability Guidelines recommend continuous flow cryotherapy as an option after knee surgery for up to 7 days. The use of a cold therapy unit would be reasonable for 7 days post-operatively. However, this request is for an unknown length of use which is not consistent with guidelines. Therefore, this request for one cold therapy unit is not medically necessary.

In home physical therapy (12 visits): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51, Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The California MTUS recommends home health services only for otherwise recommended treatment for patients who are homebound, on a part time or intermittent basis. The California MTUS Post-Surgical Treatment Guidelines for knee arthroplasty suggest a general course of 24 post-operative visits over 10 weeks during the 4-month post-surgical treatment period. A 12-visit course of home health physical therapy following total knee arthroplasty would not be consistent with guidelines, as the patient would be expected to be homebound on an intermittent basis for only the first one to two weeks. Therefore, this request is not medically necessary.

Preop labs: CBC, Chem Panel, PT, PTT and UA: 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 in Workers' Compensation, 18th Edition, 2013: Low Back, Preoperative testing, general.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012 Mar; 116(3): 522-38.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that most laboratory tests are not necessary

for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. Guideline criteria have been met based on patient age, long-term use of non-steroidal anti-inflammatory drugs, magnitude of surgical procedure, recumbent position, fluid exchange and the risks of undergoing anesthesia. Therefore, this request is medically necessary.

Shower chair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, 18th Edition, 2013: Knee and Leg, Durable medical equipment (DME).

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: Bathtub seats; Durable medical equipment (DME).

Decision rationale: The California MTUS is silent regarding this durable medical equipment. The Official Disability Guidelines state that bathtub seats shower chairs are considered a comfort or convenience item, hygienic equipment, & not primarily medical in nature. Guideline criteria have not been met. A shower chair is considered a comfort or convenience item. Therefore, this request is not medically necessary.

Walker: 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 in Workers' Compensation, 18th Edition, 2013: Knee and Leg, Walking aids (canes, crutches, braces, orthoses, & walkers).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The California MTUS guidelines do not address the use of walkers, but recommend limited restriction of activity to avoid deconditioning. The Official Disability Guidelines state that disability, pain, and age-related impairments determine the need for a walking aid. Assistive devices can reduce pain and allow for functional mobility. The use of a walker following total knee replacement seems reasonable to allow for early post-operative mobility with reduced pain. Therefore, this request is medically necessary.