

Case Number:	CM14-0213454		
Date Assigned:	12/30/2014	Date of Injury:	08/06/2002
Decision Date:	02/28/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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: California
 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:

This is a 60 year old female with an 8/6/02 injury date. In a 10/27/14 note, the patient complained of worsening right knee pain. The patient was noted to be homeless and living in her car. Objective findings included antalgic gait favoring the right leg, right knee tenderness, range of motion from 10 to 110 degrees, and a body mass index (BMI) of 21. A 9/19/14 right knee MRI revealed diffuse degenerative arthritic changes. Diagnostic impression: right knee osteoarthritis. Treatment to date: medications, physical therapy, and steroid injection. A UR decision on 11/21/14 denied the request for right total knee replacement because the right knee flexion was 110 degrees, and less than 90 degrees flexion is required for certification. The requests for assistant surgeon, rehab facility, continuous passive motion (CPM), walker, and cold therapy were denied because the associated 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:

One (1) total right 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 (ODG), Knee and 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 Chapter--Arthroplasty.

Decision rationale: CA MTUs does not address this issue. 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. Although the patient is able to flex her knee to 110 degrees, there is an inability to fully extend the knee to neutral by about 10 degrees. Given that the patient meets the remaining criteria for total knee replacement surgery, and would benefit from an increase in right knee range of motion afforded by the proposed surgery, the requested procedure should be approved. Therefore, the request for one (1) total right knee replacement is medically necessary.

Associated surgical service: one (1) assistant surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare & Medicaid Services (CMS)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American Association of Orthopaedic Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics.

Decision rationale: CA MTUS does not address this issue. American Association of Orthopaedic Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics states on the role of the First Assistant: According to the American College of Surgeons: "The first assistant to the surgeon during a surgical operation should be a trained individual capable of participating and actively assisting the surgeon to establish a good working team. The first assistant provides aid in exposure, hemostasis, and other technical functions, which will help the surgeon carry out a safe operation and optimal results for the patient. The role will vary considerably with the surgical operation, specialty area, and type of hospital. "The first assistant's role has traditionally been filled by a variety of individuals from diverse backgrounds. Practice privileges of those acting as first assistant should be based upon verified credentials reviewed and approved by the hospital credentialing committee (consistent with state laws)." Given the approval of a right knee surgery of intermediate complexity, the use of an assistant surgeon is appropriate. Therefore, the request for one (1) assistant surgeon is medically necessary.

Associated surgical service: One (1) rehabilitation facility: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee Chapter--Skilled nursing facility

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-- Skilled nursing facility

Decision rationale: CA MTUS does not address this issue. ODG criteria for skilled nursing facility care include hospitalization for at least three days; admission to the SNF within 30 days of hospital discharge; a physician certifies that the patient needs SNF care; and the patient requires skilled nursing or skilled rehabilitation services, or both, on a daily basis. Given the approval of right knee replacement surgery and the current homeless status of the patient, transfer to a SNF or rehab facility after hospitalization would be appropriate. Therefore, the request for one (1) rehabilitation facility is medically necessary.

Associated surgical service: One (1) continuous passive motion unit: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee Chapter, CPM

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-- CPM.

Decision rationale: CA MTUS does not address this issue. ODG's criteria for the use of continuous passive motion devices for up to 21 days include total knee arthroplasty; anterior cruciate ligament reconstruction; open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint. Given the approval of right total knee replacement surgery, the use of CPM post-operatively is appropriate. Therefore, the request for one (1) continuous passive motion unit is medically necessary.

Associated surgical service: One (1) 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 (ODG), Knee & Leg (Acute & Chronic)

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-- Walking aids.

Decision rationale: CA MTUS does not address this issue. ODG states that walking aids are recommended, with almost half of patients with knee pain possessing a walking aid. Given the approval of right total knee replacement surgery, the use of a walker post-operatively is appropriate. Therefore, the request for one (1) walker is medically necessary.

Associated surgical service: One (1) cold therapy unit with intermittent limb compression:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic)

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-- Continuous-flow cryotherapy, Vasopneumatic devices.

Decision rationale: CA MTUS does not address this issue. ODG states that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. ODG states that vasopneumatic devices are recommended as an option to reduce edema after acute injury. Vasopneumatic devices apply pressure by special equipment to reduce swelling; or for home-use as an option for the treatment of lymphedema after a four-week trial of conservative medical management that includes exercise, elevation and compression garments. Given the approval of right total knee replacement surgery and the attendant high-risk of venous thrombosis, the use of a device for cold application and compression in the post-op period is appropriate. Therefore, the request for one (1) cold therapy unit with intermittent limb compression is medically necessary.