

Case Number:	CM14-0218015		
Date Assigned:	01/08/2015	Date of Injury:	11/04/2003
Decision Date:	03/13/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	12/30/2014

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: 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 69 year old male was a dump truck driver when he sustained an injury on November 4, 2003. The injured worker was stopped at a motor vehicle accident scene. He fell down when he scrambled to get out of the way as the truck swerved toward him. He injured his left wrist and hand, bilateral knees, lower back and right shoulder. Past treatment included x-rays, pain and muscle relaxant medications, osteoarthritis knee brace, and right knee steroid and viscosupplementation injections. On March 16, 2013, an MRI of the right knee revealed a tear of the anterior horn of the lateral meniscus, status post medial meniscectomy versus partial tear, probable anterior cruciate ligament tear, and osteoarthritic changes. On December 15, 2014, the treating physician noted increasing right knee stiffness, pain, and discomfort, worsening limp, night pain, and difficulty standing and walking. The physical exam revealed a varus deformity of the right knee, extension lag 5 degrees, mild effusion, and marked joint line tenderness. Near bone-on-bone with subchondral sclerosis, cyst, and spur formation was noted by the physician to be confirmed on x-rays. The injured worker walked with a visible limp, and occasionally used a crutch or a cane. Diagnoses were right knee degenerative disc disease. The physician recommended ice and elevation, and the injured worker was given right knee steroid injection. The treatment plan included a right total knee replacement in mid-February. The injured worker was not currently working. On December 23, 2014, Utilization Review modified a request for Inpatient Facility, no LOS (length of stay) given; post-op Skilled Nursing Facility for 2-3 weeks, rental of a continuous passive motion for 2 months, and 15 sessions (3 times a week for 5 weeks) of post-op physical therapy requested on December 17, 2014. The inpatient facility was

modified based the median 3 days recommended by the guidelines for a total knee replacement, The post-op Skilled Nursing Facility was modified based on the 10 to 18 days following a total knee arthroplasty that are allowed by the guidelines. The rental of a continuous passive motion was modified based on postoperative use of 4-10 consecutive days (no more than 21 days) for a total knee arthroplasty. The Official Disability Guidelines (ODG), Treatment Index, 12th edition (web), 2014, Knee and Leg - Hospital length of stay (LOS), Skilled Nursing Facility length of stay (LOS), and Continuous Passive Motion was cited. The post-op physical therapy was modified based on an initial course of therapy equal to half of the maximum (24 is the maximum) is recommended by the guidelines and the California Medical Treatment Utilization Schedule (MTUS) guidelines, 2009, Posterior Surgical Rehabilitation, Knee was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Services- Inpatient (no LOS given): Upheld

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- Hospital length of stay (LOS)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg, Length of stay

Decision rationale: CA MTUS/ACOEM is silent on the issue of length of stay following total knee arthroplasty. According to ODG Knee and Leg, 3 days is the best practice for a knee replacement. In this case there is no specified requested length of days. Therefore, the request is therefore not medically necessary and appropriate.

Associated Surgical Services- Post-Op DME Rental Continuous Passive Motion x2months: Upheld

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-Continuous Passive Motion (CPM)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg, CPM

Decision rationale: CA MTUS/ACOEM is silent on the issue of CPM. According to ODG criteria, CPM is medically necessary postoperatively for 4-10 consecutive days but no more than 21 following total knee arthroplasty. As the request exceeds the guidelines,the determination is for non-certification.

Associated Surgical Services- Fifteen sessions of Physical Therapy x2-3weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Per the CA MTUS/Post Surgical Treatment Guidelines, page 24, arthroplasty of the knee recommends 24 visits over 10 weeks with a post surgical treatment period of 4 months. The guidelines recommend of the authorized visit initially therefore 12 visits are medically necessary. As the request exceeds the 12 visits, the determination is for non-certification.

Associated Surgical Services- Post-Op Skilled Nursing Facility x2-3weeks- 6 visits: Upheld

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-Skilled Nursing Facility LOS (SNF)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg, skilled nursing facility

Decision rationale: CA MTUS/ACOEM is silent on the issue of acute rehab or skilled nursing length of stay. According to the ODG, Knee and Leg, Skilled nursing facility LOS (SNF), "Recommend up to 10-18 days in a skilled nursing facility (SNF) or 6-12 days in an inpatient rehabilitation facility (IRF), as an option but not a requirement, depending on the degree of functional limitation, ongoing skilled nursing and / or rehabilitation care needs, patient ability to participate with rehabilitation, documentation of continued progress with rehabilitation goals, and availability of proven facilities, immediately following 3-4 days acute hospital stay for arthroplasty." The decision for acute rehab or skilled nursing facility will be dependent on the outcome following the knee replacement and objective criteria during the acute inpatient admission. As there is no evidence of the results of the rehab process during the inpatient admission, the determination is for non-certification.