

<b>Case Number:</b>	CM14-0054270		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	12/18/1983
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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 who sustained an industrial injury on 12/18/83. Injury was reported due to continuous trauma in his job as a firefighter. Past medical history was negative for comorbidities. Past surgical history was positive for bilateral knee surgeries. The 3/24/14 treating physician report cited bilateral knee pain and difficulty telling whether one side was worse than the other. Associated symptoms included weakness, morning stiffness, and worsened pain as the day progressed. He reported some swelling, some locking and giving out, and unsteadiness on his feet. Both knees had gradually and progressively worsened. Functional limitations were documented in walking, exercises, and stairs and activities of daily living. He was using a cane and unable to walk any distance comfortably. Pain management included rest, activity modification and medications. Physical exam documented bilateral markedly antalgic gait, and normal lower extremity neurologic exam. Knee exam documented bilateral varus deformities of 10 degrees with a 10-degree flexion deformity. Range of motion testing noted flexion 90 degrees right and 105 degrees left with medial compartment crepitus and pain. X-rays showed complete loss of the medial joint space bilaterally with advanced tricompartmental degenerative disease. Conservative treatment had included anti-inflammatory medications, corticosteroid and Synvisc injections, and off-loader braces. He was off work. The treatment plan recommended bilateral total knee arthroplasties four weeks apart. Additional authorization was requested for labs, to include CBC, BMP, CMP, PT/PTT, urinalysis, EKG, chest x-ray, and blood donation, 12 outpatient physical therapy sessions, one home health aide, 4-6 hours per day x 2 weeks, 2 weeks inpatient acute rehab stay SNF placement for assistant with activities of daily living, and 14-day rental cold therapy unit. The 4/19/14 utilization review certified the request for bilateral total knee arthroplasty with 2 days inpatient stay. The request for labs, to include CBC (complete blood count), BMP (basic metabolic panel), CMP (Comprehensive metabolic

panel), PT/PTT (prothrombin time/partial thromboplastin), urinalysis, EKG, chest x-ray, and blood donation was modified to include CBC, BMP, PT/PTT, urinalysis, EKG, and chest x-ray consistent with guidelines and clinical documentation. The request for 12 outpatient physical therapy sessions was modified to 3 outpatient physical therapy sessions as 9 initial sessions were also certified for home health care bringing the total of initial physical therapy to 12 visits consistent with guidelines. The request for 4-6 hours home health aide per day x 2 weeks was modified to one home health aide for up to 28 hours per week for 2 weeks with less than 8 hours each day consistent with guidelines. The request for 2-weeks inpatient acute rehab stay SNF placement for assistance with activities of daily living was non-certified as in home physical therapy and home health care had been certified and there was no compelling reason why he would not be able to manage at home. The request for 14 days rental cold therapy unit was modified to 7 days use of a cold therapy unit consistent with the Official Disability Guidelines.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Labs, to include: CBC, BMP, CMP, PT/PTT, urinalysis, EKG, CXR, and Blood Donation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Collaborating Centre for Acute Care. Preoperative tests.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation.

**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. Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. EKG may be indicated for patients with known cardiovascular risk factors or for patients with risk factors identified in the course of a pre-anesthesia evaluation. Routine pre-operative chest radiographs are not recommended except when acute cardiopulmonary disease is suspected on the basis of history and physical examination. The 4/19/14 utilization review modified this request and certified pre-operative testing to include CBC, BMP, PT/PTT, urinalysis, EKG, and chest x-ray. There is no compelling reason to support the medical necessity of a comprehensive metabolic panel in addition to a basic metabolic panel as there was no documentation of any significant past medical history. There was no rationale provided to support the medical necessity of blood transfusion for this patient in the absence of positive medical history or elevated coagulation studies placing the injured worker at risk to need a blood transfusion. Therefore, this request is not medically necessary.

**12 Outpatient Physical Therapy Sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

**Decision rationale:** 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. An initial course of therapy would be supported for one-half the general course or 12 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The 4/19/14 utilization review recommended partial certification of 3 outpatient post-op physical therapy visits which, in conjunction with the 9 home health visits also certified, was consistent with guidelines for initial post-operative treatment. There was no compelling rationale to support the medical necessity of additional certification at this time. Therefore, this request is not medically necessary.

**1 Home Health Aide, 4-6 hours per day x 2 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services. Decision based on Non-MTUS Citation Medicare Benefits Manual (Rev. 144, 05-06-11), Chapter 7 - Home Health Services; section 50.2 & section 5037.

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

**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, generally no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The 4/19/14 utilization review modified this request and certified up to 28 hours of home health aide per week for 2 weeks, not to exceed 8 hours per day. There is no compelling reason to support the medical necessity of additional home health care documented the medical records. This request exceeds guideline recommendations of 35 hours per week. Therefore, this request is not medically necessary.

**2 Weeks Inpatient Acute Rehab Stay SNF Placement for Assistance with ADLs: 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 & Leg (Acute & Chronic): Skilled nursing facility LOS; Skilled nursing facility (SNF) care.

**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, Rehab, inpatient, Skilled nursing facility (SNF) care, Skilled nursing facility LOS (SNF).

**Decision rationale:** The California MTUS does not provide length of stay recommendations for skilled nursing facility stay, status post total knee joint replacement. The Official Disability Guidelines recommend up to 10-18 days in a SNF as an option following total knee replacement, depending on the degree of functional limitation, on-going skilled nursing and/or rehabilitation needs, patient ability to participate with rehabilitation, documentation of continued progress with rehabilitation goals. Guideline criteria have not been met. There is no medical rationale presented

to support the medical necessity of post-operative inpatient rehabilitation for this patient prior to surgery. There is no documentation that the patient cannot be treated at home or has significant medical co-morbidities. Home health physical therapy and home health aide services have been certified. There is no current indication of significant functional impairment or barriers to discharge to home. Therefore, this request is not medically necessary.

**14 days rental Cold Therapy Unit: 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 & Leg (Acute & Chronic): 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 is silent regarding cold therapy units. The Official Disability Guidelines state that continuous-flow cryotherapy is an option for up to 7 days in the post-operative setting following knee surgery. The 4/19/14 utilization review decision recommended partial certification of a cold therapy unit for 7-day rental. There is no compelling reason in the medical records to support the medical necessity of a cold therapy unit beyond the 7-day rental already certified. Therefore, this request is not medically necessary.