

Case Number:	CM15-0003444		
Date Assigned:	01/14/2015	Date of Injury:	05/06/2012
Decision Date:	03/23/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/07/2015

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: Minnesota, Florida
 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 60 year old male, who sustained an industrial injury on 5/6/12. He has reported right knee pain. The diagnoses have included osteoarthritis of right knee. Treatment to date has included right knee arthroscopy, physical therapy, medications, multiple corticosteroid injections and multiple injections of hyaluronic acid. The X-rays of right knee revealed bone on bone osteoarthritis of medial compartment and moderate arthritis of patellofemoral joint. Currently, the IW complains of right knee pain. Physical examination performed on 10/30/14 revealed medial joint line tenderness and peripatellar tenderness of right knee. On 12/9/14 Utilization Review non-certified pre-operative medical clearance, right knee total arthroplasty and navigation, 12 home health visits and 12 home physical therapy visits, noting there is no documentation of conservative care with nonsteroidal anti-inflammatory drugs and a home rehab program, and no documentation of limited range of motion of less than 90 degrees on physical exam. There is no documentation supporting the Injured Worker has medical problems which would require medical clearance. The ODG was cited. On 1/7/15, the injured worker submitted an application for IMR for review of pre-operative medical clearance, right knee total arthroplasty and navigation, 12 home health visits and 12 home physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right total knee arthroplasty and navigation: 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- Knee & Leg

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Section: Knee, Topic: Total knee Arthroplasty

Decision rationale: ODG indications for knee arthroplasty include involvement of 2 out of 3 compartments for a total knee replacement to be indicated. Conservative care with exercise therapy, physical therapy, and/or home rehabilitation exercises and medications or Visco supplementation or steroid injections plus subjective clinical findings of limited range of motion and nighttime joint pain and no pain relief with conservative care and documentation of current functional limitations demonstrating necessity of intervention plus objective clinical findings of age over 50 years and body mass index less than 40+ and imaging clinical findings of osteoarthritis on standing x-ray with varus or valgus deformity or evidence of arthroscopy demonstrating advanced chondral erosion or exposed bone. The injured worker meets these criteria with the exception of unknown BMI although the medical records do not indicate obesity. The range of motion requirement of 90 or less is not absolute and he clearly has restriction of range of motion. The criteria about the x-rays requirement has been met including the presence of varus deformity, bone-on-bone documentation on standing x-rays as well as arthroscopic evidence of osteoarthritis which is well documented in the medical records. The documentation indicates failure of corticosteroid injections as well as Viscosupplementation. As such, he meets the guideline requirements for a total knee arthroplasty and the medical necessity is established.. The utilization review denial was based upon the missing BMI, missing radiology reports, and range of motion greater than 90. The guidelines indicate that arthroscopic findings of osteoarthritis are adequate for this purpose. The documentation indicates the providers interpretation of x-rays showing the medial compartment to be bone-on-bone with varus deformity and tricompartmental osteoarthritis in addition to the arthroscopic evidence of tricompartmental osteoarthritis and so this guideline requirement has been met. The BMI requirement is not absolute in that BMI over 40 increases the risk of complications. There is no indication that the worker is obese. The range of motion is limited although it is not less than 90. This is not an absolute requirement. As such, the requested surgical procedure is appropriate and medically necessary.

(Associated services) Pre-operative medical clearance: 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- Knee & Leg

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Section: Low Back Topic: Pre-operative testing, general

Decision rationale: ODG guidelines indicate preoperative testing should be guided by the presence of comorbidities. Although a detailed history and physical examination has not been submitted, it is recommended by ODG. Appropriate consultations and medical clearance will depend upon the results of the history and physical examination. At age 60, with the intermediate risk surgical procedure, and possibility of postoperative anemia, a medical consultation for clearance will be appropriate and medically necessary.

(Associated services) Home health visits x 12: 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- Knee & Leg

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

Decision rationale: California MTUS chronic pain medical treatment guidelines indicate home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis, generally up to 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 documentation does not indicate why the injured worker will be homebound after surgery and therefore the medical necessity of the request is not substantiated.

(Associated services) Home physical therapy visits x 12: 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- Knee & Leg

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

Decision rationale: California MTUS postsurgical treatment guidelines indicate a general course of therapy of 24 visits over 10 weeks for a total knee arthroplasty. The initial course of therapy is 12 visits. Then with documentation of continuing functional improvement an additional 12 visits may be prescribed. The request as stated is for 12 visits which is appropriate and medically necessary.