MAXIMUS Federal Services

Case Number:	CM15-0014344		
Date Assigned:	02/02/2015	Date of Injury:	06/14/2010
Decision Date:	03/23/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/26/2015

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: 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 54-year-old male, who sustained an industrial injury on June 6, 2010. The mechanism of injury was not documented. He underwent left knee arthroscopy, medial meniscectomy, synovectomy, and shaving chondroplasty of the patella and medial femoral condyle on 9/3/10. Conservative treatment included corticosteroid and viscosupplementation injections, medications, home exercise, and activity modification without sustained benefit. He reported no benefit with a recent series of three viscosupplementation injections. The 7/10/14 MR arthrogram impression documented tricompartmental osteoarthrosis, particularly in the patellofemoral and medial compartments. The 11/19/14 treating physician report cited on-going moderate pain for the past few years that had been markedly elevated over the past 6 months. He was unable to climb stairs, and had difficulty walking on uneven ground. Conservative treatment failure was documented. The 12/17/14 treating physician report cited constant left knee pain increasing to a severe grade 8-10/10 level with certain missteps or wrong movements. Physical exam documented left knee range of motion 0-125 degrees, right knee 0-150 degrees, and tenderness at the medial and lateral joint lines and patella. The treatment plan recommended left total knee arthroplasty. The treating physician stated that the patient's body mass index did not accurately reflect his body habitus as he was a very large but well-built gentleman and a significant portion of his weight came from muscular masses. The body mass index was only a few decimal points over 40 and he felt he could lose weight to be below 40. On December 31, 2014 utilization review non-certified a request for left total knee arthroplasty based on the absence of pertinent subjective and objective clinical findings, and elevated body mass index

over 40 (40.3). The requests for associated surgical services were also non-certified, including: rental of continuous passive motion (CPM) machine and cold therapy unit, 1 month, left knee , associated surgical services: initial postoperative physical therapy, 2 times weekly for 12 weeks, left knee and associated surgical services: home health, unspecified frequency/duration, left knee. The Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated January 19, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total knee arthroplasty for left knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg (updated 10/27/2014), Knee Joint Replacement, Indications for Surgery- Knee Arthroplasty

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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, 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 patient presents with function-limiting left knee pain that is intermittently severe. There is limited range of motion with constant pain. Detailed evidence of a recent, reasonable, and/or comprehensive non-operative and operative treatment protocol trial and failure has been submitted. The most recent body mass index was 40.3, with treating physician report of large muscle bulk and patient ability to lose weight to be below 40. There is imaging evidence of tricompartmental osteoarthritis. Therefore, this request is medically necessary.

Associated Surgical Services: Rental of continuous passive motion (CPM) machine and cold therapy unit, 1 month, left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg (updated 10/27/14), 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: Continuous flow cryotherapy; Continuous passive motion (CPM)

Decision rationale: The California MTUS does not provide recommendations for a CPM unit following total knee arthroplasty. The Official Disability Guidelines recommend the use of

continuous passive motion devices in the acute hospital setting for no more than 21 days following total knee arthroplasty. Additional home use up to 17 days is recommended for patients at risk of a stiff knee who are immobile or unable to bear weight following total knee arthroplasty. Guideline criteria have not been met. There is no indication that the patient would continue to be immobile or unable to bear weight after hospital discharge. There is no evidence that this patient will require the use of a CPM unit beyond the hospital setting to support the medical necessity of one-month rental of this device. Therefore, this request for a CPM unit is not medically necessary. 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. Under consideration is a request for one-month rental of a cold therapy unit. Although the use of cold therapy during the post-operative period would be appropriate for this patient, there is no compelling reason to support the medical necessity of this request beyond the 7-day guideline recommendation. Therefore, this request for a cold therapy unit is not medically necessary.

Associated Surgical Services: Initial postoperative physical therapy, 2 times weekly for 12 weeks, left knee: Overturned

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

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 typically 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. This is the initial request for post-operative physical therapy and, although it exceeds recommendations for initial care, is within the recommended general course. Therefore, this request is medically necessary.

Associated Surgical Services: Home health, unspecified frequency/duration, left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg (updated 10/27/14), Home health services

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.

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. Guideline criteria have not been met. There is no clear documentation as to the type or frequency/duration of home health services being recommended for this patient to establish medical necessity. Probable home bound post-op. status has not been detailed. Therefore, this request is not medically necessary.