

Case Number:	CM15-0110511		
Date Assigned:	06/17/2015	Date of Injury:	06/16/2004
Decision Date:	08/18/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/08/2015

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 60 year old female, who sustained an industrial injury on 6/16/04. The mechanism of injury was not documented. Past surgical history was positive for right total knee arthroplasty, revision right total knee arthroplasty, and 2-level lumbar fusion. The 4/30/15 orthopedic report cited significant anterior left knee pain with severe functional limitation. Left knee exam documented moderate medial knee tenderness, significant tenderness beneath the lateral patellar region, gross mechanical crepitation with range of motion, weakness in extension, and range of motion -2 to 120 degrees. X-rays showed bone-on-bone articulation of the lateral facet of the patella with osteophyte formation on the superior pole of the patella, and medial joint space narrowing with osteophyte formation consistent with mild to moderate medial compartment osteoarthritis. The treatment plan recommended left total knee arthroplasty and associated surgical requests. The 5/13/15 utilization review certified a request for left total knee arthroplasty with 3-day inpatient stay, pre-operative testing, and 6 home health physical therapy visits. The request for a 10-day post-operative stay at a skilled nursing facility was non-certified as it was not possible to make a determination of medical necessity based on the patient's functional limitations in the pre-operative period. The request for 18 post-operative physical therapy visits was modified to 6 physical therapy visits as 6 home health visits had been certified and 6 additional visits were consistent with Post-Surgical Treatment Guideline recommendations for an initial course of 12 post-op physical therapy visits. The request for one prescription of Tylenol with Codeine #3, quantity 90 with one refill, was modified to one prescription of one prescription of Tylenol with Codeine #3, quantity 90, as there was no compelling rationale to

support on-going use of this medication without objective evidence of functional improvement. The request for 2-week rental of a cold therapy unit was modified to a one week rental 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:

10 day postoperative stay at a skilled nursing facility: 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 (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, and documentation of continued progress with rehabilitation goals. The medical necessity of the current request cannot be established prior to assessment of the injured worker's functional limitations following surgery. Therefore, this request is not medically necessary at this time.

18 postoperative physical therapy visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 5/13/15 utilization review modified this request for 12 out-patient physical therapy visits to 6 visits. Six initial home health physical therapy visits were also certified. There is no compelling reason submitted to support the medical necessity of initial care beyond guideline recommendations for 12 visits, which is consistent with the care already, certified. Therefore, this request is not medically necessary.

1 prescription of Tylenol with Codeine #3, QTY: 90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Codeine; Opioids, long-term assessment, Criteria for Use of Opioids, Long-term Users of Opioids (6-months or more).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346, Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 74-80.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of opioids on a short term basis for knee pain. Guidelines recommend short-acting opioids, such as Tylenol #3, as an effective method in controlling both acute and chronic pain. On-going management requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Guideline criteria have been met for the post-operative use of Tylenol #3. However, the 5/13/15 utilization review modified this request to one prescription of Tylenol with Codeine #3, quantity 90 without refill, as the on-going use of this medication would require assessment of functional benefit. There is no compelling rationale to support additional certification at this time pending documentation of continued pain and functional response following surgery. Therefore, this request is not medically necessary.

Associated surgical service: 2 week rental of a 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 5/13/15 utilization review decision modified this request for 2-week rental of a cold therapy unit to 7-day rental. There is no compelling reason in the records reviewed to support the medical necessity of a cold therapy unit beyond the 7-day rental recommended by guidelines and previously certified. Therefore, this request is not medically necessary.