

Case Number:	CM15-0124713		
Date Assigned:	07/09/2015	Date of Injury:	06/08/1998
Decision Date:	08/18/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/29/2015

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:

This injured worker is a 68-year-old woman sustained an industrial injury on 6/8/98 while employed as a bus driver. Past surgical history was positive for right knee arthroscopy x 2 (1989 and late 90s), and left knee arthroscopy x 1 in the late 90s. Past medical history was positive for hypertension and asthma. The 4/8/15 treating physician report cited progressive bilateral knee pain and discomfort, worse on the right. She had become minimally and household ambulatory. She was seen for consultation for total knee replacement. She was taking anti-inflammatory and opioid pain medication. Physical exam documented height 5'2", weight 165 pounds, antalgic gait, bilateral medial joint line tenderness, and 2 to 3+ patellofemoral crepitus bilaterally. She had moderate varus aligned knees and 5 degree flexion contractures bilaterally. X-rays of the bilateral knees showed right knee 1 mm lateral joint space narrowing and moderate to severe bi-compartmental osteoarthritis, and left knee moderate tricompartmental osteoarthritis. Total knee replacement was recommended. The 5/6/15 orthopedic report cited increased right knee pain and discomfort. The injured worker would like to proceed with a total knee replacement. Right knee exam documented lateral joint line tenderness, pain with hyperflexion, positive McMurrays exam, and 4+ patellofemoral crepitus. The diagnosis included right knee moderate to severe bi-compartmental osteoarthritis with lateral joint space loss. The injured worker was taking anti-inflammatory medications. Synvisc and corticosteroid injection as temporizing measures were discussed. The only appropriate treatment is a right total knee replacement. Authorization was requested for right total knee replacement with 2 day inpatient stay, pre-operative clearance (labs, EKG, chest x-ray), post-operative physical therapy, twice weekly for four weeks, and post-

operative cold therapy unit. The 6/1/15 utilization review non-certified the right total knee replacement and associated surgical requests as there were conflicting exam findings, absence of detailed conservative treatment attempts and response, and no clear documentation of imaging findings. The 6/23/15 treating physician report indicated that the injured worker had increased pain and discomfort about her knees with difficulty since 2005, and her pain was getting worse. She had multiple corticosteroid and Synvisc injections which have not helped and she did not want further injections. Physical exam documented a progressive valgus aligned right knee with medial and lateral joint line tenderness and bilateral 4+ patellofemoral crepitus. She had severe arthritis with progressive, and a significant deformity. She had not improved with injections. She needed staged bilateral total knee replacement. Appeal of the right total knee replacement was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right total knee replacement surgery with a 2-day inpatient stay: Overturned

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

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: Knee joint replacement; Hospital length of stay (LOS).

Decision rationale: The California MTUS does not provide recommendations for total knee arthroplasty. The Official Disability Guidelines (ODG) recommends total knee replacement when surgical indications are met. Specific criteria for knee joint replacement include exercise and medications or injections, limited range of motion (< 90 degrees), 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. The ODG recommended length of stay for a total knee replacement is 3 days. Guideline criteria have been met. This injured worker presents with progressively worsening right knee pain with severe functional limitation in ambulation. Clinical exam findings are consistent with imaging evidence of bi-compartmental knee osteoarthritis. Evidence of long-term reasonable and/or comprehensive non-operative and operative treatment failure has been submitted. Therefore, this request is medically necessary.

Related surgical service: Pre-operative laboratory testing included CBC, chem 12, PT/INR, UA, Hemoglobin A1C, Vit D OH25, Factor V Leiden gene mutation total homocysteine level prothrombin (factor II) gene mutation analysis, EKG, and chest X-ray:
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI).

Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.; Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38; ACR Appropriateness Criteria® routine admission and preoperative chest radiography. Reston (VA): American College of Radiology (ACR); 2011.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. 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. 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. Middle aged females with hypertension and asthma have known occult increased risk factors for cardiovascular and pulmonary disease that support the medical necessity of pre-procedure EKG and chest x-ray. Although basic lab testing, chest x-ray, and EKG is typically supported for patients undergoing general anesthesia, the medical necessity of a totality of the lab testing requested could not be established in the absence of a documented rationale. Therefore, this request is not medically necessary.

Related surgical service: post-operative physical therapy, twice weekly for four weeks:
Overturned

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. This is the initial request for post-operative physical therapy and is consistent with guidelines. Therefore, this request is medically necessary

Related surgical service: Post-operative cold therapy unit: Upheld

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

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 are silent regarding cold therapy devices. The Official Disability Guidelines recommend continuous flow cryotherapy as an option after knee surgery for up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. The use of a cold therapy unit would be reasonable for 7 days post-operatively. However, this request is for an unknown length of use which is not consistent with guidelines. Therefore, this request is not medically necessary.