

<b>Case Number:</b>	CM15-0145310		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	09/18/2014
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: Montana, Oregon, Idaho  
 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 70 year old female with an injury date of 09-18-2014. Her diagnoses included right knee MCL sprain possible meniscus tear and right knee severe osteoarthritis. Prior treatment included knee brace and cortisone injection. She presents on 06-25-2014 with symptoms unchanged from prior visit. She was wearing her brace and stated cortisone injection was helpful. She rated the pain as 7 out of 10. Physical exam revealed mild to moderate effusion with tenderness to palpation at the medial joint line. Treatment plan included continue taking Celebrex and request authorization for a right total knee and medical clearance. MRI of the right knee dated 01-25-2015 showed complex degenerative tear in the body and posterior horn of the medial meniscus extending into the posterior root with marked extrusion. Work status was modified duty. Sedentary work only. The treatment request was for: Right total knee arthroplasty; Associated surgical service: MRSA nasal swab, CBC, CMP, PT/PTT; Associated surgical service: Front wheel walker; Associated surgical service: EKG; Associated surgical service: 3 in 1 commode; 3 day inpatient stay; 18 post op physical therapy sessions, right knee (6x3).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right total knee arthroplasty:** 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.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of total knee replacement. According to the Official Disability Guidelines regarding Knee arthroplasty the criteria for knee joint replacement includes conservative care with subjective findings including limited range of motion less than 90 degrees. In addition the patient should have a BMI of less than 35 and be older than 50 years of age. There must also be findings on standing radiographs of significant loss of chondral clear space. The clinical information submitted demonstrates insufficient evidence to support a knee arthroplasty in this patient. There is no documentation from the exam notes from 4/9/15, 5/14/15 or 6/25/15 of increased pain with initiation of activity or weight bearing. There are no records in the chart documenting when physical therapy began or how many visits were attempted. There is no evidence in the cited examination notes of limited range of motion less than 90 degrees. There is no formal weight bearing radiographic report of degree of osteoarthritis. Therefore the guideline criteria have not been met and the determination is the request is not medically necessary.

**3 day inpatient stay:** 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.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of length of stay following total knee arthroplasty. According to ODG Knee and Leg, 3 days is the best practice for a knee replacement. In this case the 5 day request exceeds the 3 day inpatient stay and the request is therefore not medically necessary and appropriate. However, in this case, the requested medical procedure is not medically necessary and therefore the associated surgical services are not medically necessary.

**Associated surgical service: EKG:** 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  
<http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>.

**Decision rationale:** CA MTUS and ODG are silent on the issue of preoperative clearance. Alternative guidelines were therefore referenced.

<http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>. However in this case, the requested medical procedure is not medically necessary and therefore the associated surgical services are not medically necessary.

**Associated surgical service: MRSA nasal swab:** 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

<http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>.

**Decision rationale:** CA MTUS and ODG are silent on the issue of preoperative clearance. Alternative guidelines were therefore

referenced.<http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>. However in this case, the requested medical procedure is not medically necessary and therefore the associated surgical services are not medically necessary.

**Associated surgical service: Front wheel walker:** 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.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of walking aids. According to the ODG, Knee and Leg, Walking aids, is recommended for patients with osteoarthritis. However, in this case, the requested medical procedure is not medically necessary and therefore the associated surgical services are not medically necessary.

**Associated surgical service: 3 in 1 commode:** 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.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of commode. Per the ODG Knee and Leg, DME toilet items (commodes, bedpans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as a raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment

plan for injury, infection, or conditions that result in physical limitations. However, in this case, the requested medical procedure is not medically necessary and therefore the associated surgical services are not medically necessary.

**18 post op physical therapy sessions, right knee (6x3): 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.

**Decision rationale:** Per the CA MTUS/Post Surgical Treatment Guidelines, page 24, Knee, arthroplasty of the knee recommends 24 visits over 10 weeks with a post-surgical treatment period of 4 months. The guidelines recommend one-half of the authorized visit initially; therefore 12 visits are medically necessary. However, in this case, the requested medical procedure is not medically necessary and therefore the associated surgical services are not medically necessary.

**Associated surgical service: CBC: 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  
<http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>.

**Decision rationale:** CA MTUS and ODG are silent on the issue of preoperative clearance. Alternative guidelines were therefore referenced.  
<http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>. However in this case, the requested medical procedure is not medically necessary and therefore the associated surgical services are not medically necessary.

**Associated surgical service: CMP: 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  
<http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>.

**Decision rationale:** CA MTUS and ODG are silent on the issue of preoperative clearance. Alternative guidelines were therefore referenced.  
<http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>. However in this case, the requested medical procedure is not medically necessary and therefore the associated surgical services are not medically necessary.

**Associated surgical service: PT/PTT: 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  
<http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>.

**Decision rationale:** CA MTUS and ODG are silent on the issue of preoperative clearance. Alternative guidelines were therefore referenced.  
<http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>. However in this case, the requested medical procedure is not medically necessary and therefore the associated surgical services are not medically necessary.