

Case Number:	CM15-0169184		
Date Assigned:	09/15/2015	Date of Injury:	12/24/2013
Decision Date:	11/13/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	08/27/2015

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: California, Indiana, Oregon
 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 73 year old female, who sustained an industrial injury on December 24, 2013, resulting in pain or injury to the knees. A review of the medical records indicates that the injured worker is undergoing treatment for osteoarthritis of the left hip and both knees with the right worse than the left. On August 20, 2015, the injured worker reported bilateral knee pain, left worse than right. The Treating Physician's report dated August 20, 2015, noted the injured worker with a valgus deformity of her knees, and a leg length discrepancy noted when in the supine position on the examination table. The documentation provided also indicates the injured worker wears slip on shoes as ties are difficult, uses a shower as she finds getting in and out of a tub difficult and dangerous, and when doing stairs she must put both feet on every step. Prior treatments have included physical therapy, medication, and 6 cortisone injections to knees with short-term relief up to 2 weeks at a time. Both legs were noted to have atrophy, with bilateral straight leg raise. X-rays of both knees showed the right knee with valgus bone-on-bone lateral compartment arthritis and bone-on bone of the lateral compartment as well. The left knee was noted to have joint space narrowing and lateral bone spurs. X-rays of the hip were noted to show joint space narrowing and bone spurs near the femoral neck of the left hip. The Physician noted the plan was for a right total knee arthroplasty, followed by the left knee. Or it could be done as a bilateral procedure. The injured worker's work status was noted to be employed as a sales person, having received no special accommodations from her job. The request for authorization dated August 21, 2015, requested a bilateral total knee arthroplasty, pre-operative clearance (EKG, chest X-ray, CBC, PT, PTT, urinalysis, basic metabolic panel, comprehensive metabolic panel), medical clearance, hospital discharge day management, front wheeled walker, home health physical therapy 3x4, consultation, subsequent hospital care (CPT 99233) x 4, a knee

immobilizer, home health for wound care 2x4, and subsequent hospital care (99205) x4. The Utilization Review (UR) dated August 27, 2015, found the bilateral total knee arthroplasty, pre-operative clearance (EKG, chest X-ray, CBC, PT, PTT, urinalysis, basic metabolic panel, comprehensive metabolic panel), medical clearance, front wheeled walker, and home health physical therapy 3x4 (12 sessions), all medically necessary. The request for subsequent hospital care (CPT 99205) and hospital discharge day were noted to be not billable charges. Consultation and subsequent hospital care was noted not to be medically necessary unless additional medical issues arise. The knee immobilizer was noted to be not medically necessary, and the request for home health for wound care was modified to 1x4 (4 visits) medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: Per the CA MTUS ACOEM 2004, Chapter 3, page 127 states the practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. In this case, the surgeon is the specialist and it is unclear why and with whom additional consultation is needed. Therefore, the request is not medically necessary.

Associated surgical service: Subsequent hospital care (CPT 99233) x 4: 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.

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 including subjective findings with 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. In this case, the total knee is approved. The surgeon's post-operative care in and out of hospital for 90 days is included. Therefore, the request is not medically necessary.

Associated surgical service: Knee immobilizer: Overturned

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 and Leg.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Activity Alteration.

Decision rationale: CA MTUS / ACOEM Chapter 13 Knee complaints, page 340 states that a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits may be more emotional than medical. According to the ODG, Knee chapter, Knee brace section, knee braces may be appropriate in patients with one of the following conditions: knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, and specific surgical interventions. In this case, the use of knee immobilizer is reasonable after total knee replacement to reduce the risk of falls associated with quadriceps weakness. Therefore, the request is medically necessary.

Associated surgical service: Home health for wound care 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee.

Decision rationale: CA MTUS/ACOEM is silent on the issue of home physical therapy. According to ODG, Knee and Leg, home health services including physical therapy are only for medical treatment in patients who are home-bound on a part-time or intermittent basis. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Home health skilled nursing is recommended for wound care or IV antibiotic administration. There is no evidence in the records that the patient is home bound. There is no other substantiating reason why home health physical therapy is required. Therefore, the request is not medically necessary.

Associated Surgical Service: Subsequent hospital care x4: 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.

Decision rationale: CA MTUS/ACOEM is silent on the issue of total knee replacement. According to the Official Disability Guidelines regarding Knee arthroplasty: Criteria for knee joint replacement include 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. In this case, the total knee is approved. The surgeon's post-operative care in and out of hospital for 90 days is included. The request is not medically necessary.