MAXIMUS Federal Services

Case Number:	CM15-0021675		
Date Assigned:	02/11/2015	Date of Injury:	08/30/2013
Decision Date:	06/29/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/05/2015

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
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 68 year old female with an industrial injury dated 08/30/2013. Her diagnoses included left knee grade 4 chondromalacia of the medial femoral condyle, grade 3 chondromalacia of the medial tibial plateau, degenerative meniscal tear, grade 2 chondromalacia of the trochlea, grade 4 chondromalacia of the medial patellar facet and grade 2 chondromalacia of the lateral patellar facet and history of right knee pain. Prior treatment included left knee arthroscopy, partial medial menisectomy, chondroplasty medial femoral condyle and medial patella facet on 07/21/2014, left knee intra articular injection, physical therapy, home exercise and medications. Co morbid diagnoses included type II diabetes and brain tumor excision after an episode of meningitis. She presents on 12/05/2014 for follow up continuing to have left knee pain. She also reports experiencing numbness and tingling in the left knee that comes and goes (onset since last visit). She rates the pain as 5-6/10 at rest. She notes her left knee locks a few times a month. With regards to activities of daily living she reports she is able to sweep but she limits her house chores. Physical exam noted the injured worker was walking with a cane and had a moderate limp on the left. She had one plus effusion in the left knee with tenderness and crepitance. Treatment plan included a request for left total knee arthroplasty, impatient hospital stay three to five days, assistant surgeon, postoperative physical therapy, front wheeled walker, a cold therapy unit, crutches, raised toilet seat, a post operative knee brace, pre-operative medical clearance, two units of autologous units of blood and Lovenox for 14 days. This request for left knee total knee replacement and associated surgical service: assistant surgeon were both authorized. Other requests for approval are cold therapy unit: portable purchase, associated service: inpatient hospital stay quantity 5 days and associated surgical service: raised toilet seat.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient hospital stay, quantity: 5 days: 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, Hospital Length of Stay (LOS) Guidelines, Knee Replacement.

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, Hospital Length of Stay.

Decision rationale: CA MTUS/ACOEM is silent on the issue of length of stay following total knee arthroplasty. According to ODG Knee and Leg, Hospital Length of Stay, 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.

Raised toilet seat: 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) Treatment in Workers Compensation 19th Edition, 2014 Updates, Knee and leg Chapter, Durable Medical Equipment (DME).

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, DME toilet items.

Decision rationale: CA MTUS/ACOEM is silent on the issue of commode. Per the ODG Knee and Leg, DME toilet items (commodes, bed pans, 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. In this case the exam note from 12/5/14 does not demonstrate any functional limitations to warrant a commode postoperatively. Therefore the determination is for not medically necessary.

Cold therapy unit, portable, for purchase: 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), Treatment in Workers Compensation 19th Edition, 2014 Updates, Knee and leg Chapter, 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 Chapter, continuous flow cryotherapy.

Decision rationale: CA MTUS/ACOEM is silent on the issue of cryotherapy. According to ODG, Knee and Leg Chapter regarding continuous flow cryotherapy it is a recommended option after surgery but not for nonsurgical treatment. It is recommended for upwards of 7 days postoperatively. In this case the request has an unspecified amount of days. Therefore the determination is for not medically necessary.