

<b>Case Number:</b>	CM15-0040731		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	06/20/2013
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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, Sports Medicine

### 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 male (date of birth not provided) who reported an injury on 06/20/2013. The mechanism of injury was not provided. His diagnoses include right knee pain and osteoarthritis. Past treatments were noted to include injections and NSAIDs. Imaging studies were not provided for review. On 02/09/2015, it was noted the injured worker reported that his knee are really the limiting factor in his life. There are no quantitative or objective findings on physical examination. Current medications were not included in the report. The treatment plan was noted to include a total knee arthroplasty. The request was received for right total knee arthroplasty (with inpatient stay 2-3 days); assistant surgeon; pre-op testing: EKG, labs (CMP, CBC, PTT, INR, UR, MRSA, type and screen); medical clearance; postop DME: cane, walker, raised commodes; 8 home therapy sessions for the right knee (2x4); and 12 outpatient physical therapy sessions for the right knee (2x5) without a rationale. A Request for Authorization form was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Total Knee Arthroplasty (with Inpatient stay 2-3 days): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Knee joint replacement, Hospital length of stay (LOS).

**Decision rationale:** According to the California MTUS/ACOEM Guidelines, surgical consideration is indicated for those that have activity limitation for more than a month and that have failed physical therapy. More specifically, the Official Disability Guidelines indicate that a knee arthroplasty is recommended when there is documentation noting conservative care to include physical therapy and medications; limited range of motion; nighttime joint pain; no pain relief from conservative care; and documentation of current functional limitations; over 50 years of age; and a BMI of less than 40; and osteoarthritis on x-ray, or previous arthroscopy. The guidelines also indicate that the best practice target hospital length of stay is 3 days. The clinical documentation submitted for review did not indicate the injured worker had previous physical therapy, limited range of motion, nighttime joint pain; and the injured worker's current functional limitations were not indicated. Additionally, there was no documentation noting the injured worker's body mass index; and imaging studies were not provided. Consequently, the request is not supported. As such, the request for right total knee arthroplasty (with inpatient stay 2-3 days) is not medically necessary.

**Assistant Surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue cross/Blue shield North Carolina, Corporate medical policy, Co-surgeon, Assistant surgeon, and assistant-at-surgery guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Surgical assistant.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Pre-Op Testing: EKG, LABS (CMP, CBC, PTT, INR, UR, MRSA, Type and Screen):**  
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) Low Back, Preoperative testing, general.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Medical clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator 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. (26 references).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative testing, general.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Post-op DME: Cane, Walker, Raised Commodes:** 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 chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Durable medical equipment (DME).

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**8 Home therapy sessions for the Right knee (2x4):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services, Physical Medicine Page(s): 51, 98 and 99.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**12 outpatient physical therapy sessions for the right knee (2x5):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.