

Case Number:	CM15-0090581		
Date Assigned:	05/14/2015	Date of Injury:	04/01/2006
Decision Date:	07/07/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/11/2015

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:

The injured worker is a 70-year-old female who sustained an industrial injury on 4/1/06. The mechanism of injury for this date of injury was not documented. The 8/5/08 left knee x-rays revealed severe tricompartmental osteoarthritis with associated medial subluxation at the femorotibial articulation and superolateral subluxation of the patella. She underwent right total knee arthroplasty on 1/29/09. The 10/14/14 orthopedic medical legal report cited on-going grade 4-8/10 knee pain. Left knee exam documented range of motion 5-110 degrees, painful patellofemoral crepitus, no instability, 5-/5 quadriceps strength and 5/5 hamstring strength. The injured worker was being conservatively managed with anti-inflammatory and analgesic medications and activity modification. She was using a cane. The treatment plan recommended referral to a knee specialist for consult due to her deteriorating condition and left knee degenerative joint disease. She was unable to work. The 4/9/15 orthopedic report indicated that the injured worker was last seen on 1/3/12. At that time, she had significant osteoarthritis of the left knee which was grade 3 to 4 in the medial and lateral compartments. She reported severe left knee pain and inability to bear weight, squat, climb or kneel. Physical exam documented 1+ effusion, range of motion 10-90 degrees, and left antalgic gait. The diagnosis was end-stage tricompartmental arthritis, left knee. Authorization was requested for left total knee replacement with assistant PA, post-op home physical therapy 3x2, post-op physical therapy 3x6, Keflex 500 mg #28, and length of stay (duration unknown). The 5/5/15 utilization review non-certified the request for left total replacement with assistant PA and associated requests as there was no evidence that the injured worker had tried and failed recent appropriate conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Total Knee Replacement with assistant Physician Assistant: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), 2015, Knee and Leg Chapter, Knee joint 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: Knee joint replacement and Other Medical Treatment Guidelines Centers for Medicare and Medicaid services, Physician Fee Schedule: Assistant Surgeons, <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>.

Decision rationale: The California MTUS does not provide recommendations for total knee arthroplasty. The Official Disability Guidelines recommend 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), nighttime 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. Evidence based medical guidelines support the use of an assistant surgery for total knee replacement. Guideline criteria have been met. This injured worker presents with severe progressive left knee pain. Significant functional difficulty is documented. Physical exam findings have progressively worsened with current range 10-90 degrees with effusion. There is imaging evidence of severe tricompartmental osteoarthritis of the left knee with associated subluxation. Evidence of reasonable non-operative treatment protocol trial and failure has been submitted. Body mass index is not specifically documentation, but there is no indication in the medical records that this injured worker is morbidly obese. Therefore, this request is medically necessary.

Post-op Home Physical Therapy 3 x 2: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), 2015, Knee and Leg Chapter, Knee joint replacement.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51, Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The California MTUS recommends home health services only for otherwise recommended treatment for patients who are homebound, on a part time or intermittent basis. 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. An initial 6-visit course of home health physical therapy following total knee arthroplasty is consistent with guidelines, as the patient would be expected to be homebound on an intermittent basis. Therefore, this request is medically necessary.

Post-op Physical Therapy 3 x 6: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), 2015, Knee and Leg Chapter, Knee joint replacement.

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 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. An initial course of physical therapy has been recommended in the home setting. Although this request for outpatient physical therapy exceeds the guidelines for initial care, is within the recommended general course. Therefore, this request is medically necessary.

Keflex 500mg #28: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), 2015, Knee and Leg Chapter, Knee joint replacement.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bratzler DW, Dellinger EP, Olsen KM, Perl TM, Auwaerter PG, Bolon MK, Fish DN, Napolitano LM, Sawyer RG, Slain D, Steinberg JP, Weinstein RA. Clinical practice guidelines for antimicrobial prophylaxis in surgery. Am J Health Syst Pharm. 2013 Feb 1;70 (3):195-283.

Decision rationale: The California MTUS and Official Disability Guidelines do not provide recommendations for post-operative antibiotics. The National Guideline Clearinghouse were referenced. The recommended regimen for patients undergoing total hip, elbow, knee, ankle, or shoulder replacement is cefazolin. Guideline criteria have been met. The use of post-operative Keflex following a total knee replacement is consistent with evidence based medical guidelines. Therefore, this request is medically necessary.

Length of Stay (LOS, duration unknown): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), 2015, Knee and Leg Chapter, Knee joint 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 (LOS).

Decision rationale: The California MTUS does not provide recommendations for hospital length of stay. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The recommended median and best practice target for a total knee arthroplasty is 3 days. A 3-day inpatient stay would be appropriate for this patient following total knee arthroplasty. However, the current request does not specify a number of days and does not allow medical necessity to be determined. Therefore, this request is not medically necessary.