

<b>Case Number:</b>	CM15-0091007		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	09/09/1997
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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 60 year old male, who sustained an industrial injury on 9/09/1997, due to cumulative trauma. The injured worker was diagnosed as having severe degenerative joint disease of the right knee, history of Methicillin-resistant Staphylococcus aureus infection of the skin (treated with no recurrence), and significant spinal disease, potentially requiring surgical intervention. Treatment to date has included diagnostics, right knee arthroscopy in 1993 and 1997, physical therapy, cortisone injections and viscosupplementation, knee sleeve, unloader brace, and medications. Currently, on 3/30/15, the injured worker complains of right knee pain, rated 8/10. His pain was gradually worsened and he had become more limited. X-ray of the right knee showed bone on bone contact of the lateral compartment, with further evidence of tricompartmental disease. The treatment plan included right knee arthroplasty and associated services. Medication use included Ecotrin, Tenormin, Lipitor, Vitamin D, CoQ10, and multivitamin. He was authorized for right total knee arthroplasty. He was currently retired. Also included with the request for surgical intervention was cold therapy unit rental for 14 days, 3 in 1 commode purchase, crutches for purchase, limb compression unit rental for 21 days with leg compression wrap x 2 purchase, continuous passive motion unit rental for home use (unspecified), home health aide 4-6 hours daily x 2 weeks, and acute inpatient rehabilitation versus skilled nursing facility stay x 2 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associate Surgical Service: Cold therapy unit for right knee, 14 day rental:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Knee and Leg Procedure Summary, 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, 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 request is not medically necessary.

**Associated Surgical Service: 3-in-1 commode 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-TWC), Knee and Leg Procedure Summary, Durable Medical Equipment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 3/30/15 does not demonstrate any functional limitations to warrant a commode postoperatively. Therefore the request is not medically necessary.

**Associated Surgical Service: Crutches, 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-TWC), Knee and Leg Procedure Summary, Walking aids.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG knee chapter, Walking aids.

**Decision rationale:** The CA MTUS/ACOEM guidelines are silent regarding crutches. According to the ODG knee chapter, walking aids, Recommended, as indicated below. Almost

half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. The use of a cane and walking slowly could be simple and effective intervention strategies for patients with OA. In a similar manner to which cane use unloads the limb, weight loss also decreases load in the limb to a certain extent and should be considered as a long-term strategy, especially for overweight individuals. In this case there is lack of functional deficits noted in the exam note from 3/30/15 to warrant crutches. Therefore the request is not medically necessary.

**Associated Surgical Service: Limb compression unit for right knee, 21 day rental with leg compression wrap x 2 (for right knee, 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-TWC), Knee and Leg Procedure Summary, Venous Thrombosis; Jr Comm J Qual Patient Saf. 2011 Apr; 37(4): 178-83. Venous thromboembolism prophylaxis in surgical patients.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg section, Compression Garments.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of DVT compression garments. The ODG, Knee and Leg section, Compression Garments, summarizes the recommendations of the American College of Chest Physicians and American Academy of Orthopedic Surgeons. It is recommend to use of mechanical compression devices after all major knee surgeries including total hip and total knee replacements. In this patient there is no documentation of a history of increased risk of DVT or major knee surgery. There is no evidence of increased risk for DVT based upon the exam note of 3/30/15. Therefore medical necessity cannot be established and therefore the determinations for non-certification for the requested device. The request is not medically necessary.

**Associated Surgical Service: CPM (Continuous Passive Motion) for home use for right knee, rental (unspecified): 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-TWC), Knee and Leg Procedure Summary, Criteria for the use of Continuous Passive Motion devices; Blue Cross of California Medical Policy # DME.00019: Continuous Passive Motion Devices.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg, CPM.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of CPM. According to ODG Knee and Leg, CPM is medically necessary postoperatively for 4-10 consecutive days but no more than 21 following total knee arthroplasty. In this case the request is for an unspecified amount of days. As the guideline criteria have not been met the determination is for non-certification. The request is not medically necessary.

**Associated Surgical Service: Home health aide 4-6 hours a day x 2 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 51, Home Health Services are recommended 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 from 3/30/15 that the patient is home bound. There are no other substantiating reason why home health services are required. Therefore the request is not medically necessary.

**Associated Surgical Service: IP (inpatient) acute rehab stay vs SNF (skilled nursing facility) x 2 weeks: 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-TWC), Knee and Leg Procedure Summary, Inpatient Rehabilitation Facility.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg, Skilled nursing facility LOS (SNF).

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of acute rehab or skilled nursing length of stay. According to the ODG, Knee and Leg, Skilled nursing facility LOS (SNF), "Recommend up to 10-18 days in a skilled nursing facility (SNF) or 6-12 days in an inpatient rehabilitation facility (IRF), as an option but not a requirement, depending on the degree of functional limitation, ongoing skilled nursing and/or rehabilitation care needs, patient ability to participate with rehabilitation, documentation of continued progress with rehabilitation goals, and availability of proven facilities, immediately following 3-4 days acute hospital stay for arthroplasty." The decision for acute rehab or skilled nursing facility will be dependent on the outcome following the knee replacement and objective criteria during the acute inpatient admission. As there is no evidence of the results of the rehab process during the inpatient admission, the request is not medically necessary.