
Notice of Independent Medical Review Determination

Dated: 10/14/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/11/2013
Date of Injury: 1/19/2006
IMR Application Received: 7/23/2013
MAXIMUS Case Number: CM13-0002712

- 1) MAXIMUS Federal Services, Inc. has determined the request for a left knee total arthroplasty **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a 3 day post-op inpatient stay at [REDACTED] **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for an assistant surgeon **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for pre-op labs **is medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for a cold therapy unit **is medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for a bedside commode **is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for a walker **is medically necessary and appropriate.**
- 8) MAXIMUS Federal Services, Inc. has determined the request for a transfer bench **is not medically necessary and appropriate.**

- 9) MAXIMUS Federal Services, Inc. has determined the request for a shower chair **is not medically necessary and appropriate.**
- 10) MAXIMUS Federal Services, Inc. has determined the request for in-home physical therapy 2 to 3 times a week for 4 weeks **is not medically necessary and appropriate.**
- 11) MAXIMUS Federal Services, Inc. has determined the request for a home health registered nurse 2 to 3 times a week for 4 weeks **is not medically necessary and appropriate.**
- 12) MAXIMUS Federal Services, Inc. has determined the request for post-op Coumadin **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/23/2013 disputing the Utilization Review Denial dated 7/11/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/26/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for a left knee total arthroplasty **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a 3 day post-op inpatient stay at [REDACTED] **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for an assistant surgeon **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for pre-op labs **is medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for a cold therapy unit **is medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for a bedside commode **is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for a walker **is medically necessary and appropriate.**
- 8) MAXIMUS Federal Services, Inc. has determined the request for a transfer bench **is not medically necessary and appropriate.**
- 9) MAXIMUS Federal Services, Inc. has determined the request for a shower chair **is not medically necessary and appropriate.**
- 10) MAXIMUS Federal Services, Inc. has determined the request for in-home physical therapy 2 to 3 times a week for 4 weeks **is not medically necessary and appropriate.**
- 11) MAXIMUS Federal Services, Inc. has determined the request for a home health registered nurse 2 to 3 times a week for 4 weeks **is not medically necessary and appropriate.**
- 12) MAXIMUS Federal Services, Inc. has determined the request for post-op Coumadin **is medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 11, 2013:

According to the records made available for review, this is a 60-year-old female patient, s/p right knee arthroplasty on 4/3/13. The patient most recently (7/3/13) presented with chronic left knee pain. In addition, the patient presented on 6/17/13 with parapatellar, medial and lateral left knee pain, aggravated by twisting, turning, and climbing stairs. Physical examination revealed patellofemoral crepitus and tenderness. The patellar compression test is positive. There is medial and lateral joint line tenderness. MRI left knee (5/14/13) report revealed moderate to severe medial compartment osteoarthritis with associated diffuse free edge tearing of the medial meniscus. Severe patellofemoral compartment osteoarthritis. Small joint effusion with tiny popliteal cyst. Minimal semimembranosus bursitis. Discoid lateral meniscus without tear. Left knee x-rays demonstrate bone-on-bone of the patellofemoral joint and medial joint space narrowing on the flexion weightbearing view. BMI is 36. Current diagnoses include severe left patellofemoral osteoarthritis and moderate medial compartment arthritis. Treatment to date includes medication, cortisone injections, and home exercises. Treatment requested is left total knee arthroplasty, inpatient stay 3 days post op at [REDACTED] assistant surgeon, pre op labs, cold therapy unit, bed side commode, walker, transfer bench, shower chair, in-home PT 2-3 times a week for 4 weeks total 12, home RN health 4 weeks 2-3 times a week for 4 weeks sessions for wound checks and blood draws (PT and INR), and post op Coumadin.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (dated 7/23/13)
- Utilization Review Determination from [REDACTED]
- Employee medical records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for a left knee total arthroplasty:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Knee and Leg Chapter, Knee Joint Replacement section, which is a medical treatment guideline that is not part of the California Medical Treatment

Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined the California MTUS does not address the issue in dispute. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 1/9/2006 and has experienced chronic bilateral knee pain. On 4/3/2013, the employee underwent right total knee arthroplasty. On 4/18/2013, she returned with persistent complaints of pain but stated she was doing better than before. The employee started physical therapy at home and was using Norco up to 6 times a day. A left knee MRI dated 5/14/2013 revealed moderate to severe medial compartment osteoarthritis with associated diffuse free edge tearing of the medial meniscus, severe patellofemoral compartment osteoarthritis, and small joint effusion with a tiny popliteal cyst. The employee had minimal semi membranous bursitis and there was a discoid lateral meniscus without tear. On 7/3/2013, the provider noted the employee had failed to improve with Motrin, cortisone injections and home exercises. The employee walked with a mild limp and had patellofemoral crepitus and tenderness on examination. Patellar compression test was positive and she had medial and lateral joint line tenderness. Left knee x-rays demonstrated bone on bone in the patellofemoral joint and medial joint space narrowing on the flexion weight-bearing view. A request was submitted for a left knee total arthroplasty.

The ODG indicates that criteria for a total knee replacement include conservative care such as exercise therapy, non-steroidal anti-inflammatory drugs (NSAIDs), or viscosupplementation or steroid injection plus subjective clinical findings of limited range of motion and nighttime joint pain with objective clinical findings of a body mass index of less than 35, where increased BMI poses elevated risk for postoperative complications and imaging studies demonstrating osteoarthritis. The records submitted and reviewed document the employee is over 60 years of age and has a BMI of 36 which meets guideline recommendations. Additionally, the employee has bone on bone joint disease of the left knee, effusion on exam, and has decreased range of motion as well as patellofemoral crepitus and tenderness. Although not all of the guideline criteria have been met, further conservative care would not significantly relieve the employee's bone-on-bone joint disease. The request for a left knee total arthroplasty **is medically necessary and appropriate.**

2) Regarding the request for 3 day post-op inpatient stay at [REDACTED]:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Knee and Leg Chapter, Hospital Length of Stay section, which is a medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined the California MTUS does not address the issue in dispute. The Expert Reviewer found the

guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 1/9/2006 and has experienced chronic bilateral knee pain. On 4/3/2013, the employee underwent right total knee arthroplasty. On 4/18/2013, she returned with persistent complaints of pain but stated she was doing better than before. The employee started physical therapy at home and was using Norco up to 6 times a day. A left knee MRI dated 5/14/2013 revealed moderate to severe medial compartment osteoarthritis with associated diffuse free edge tearing of the medial meniscus, severe patellofemoral compartment osteoarthritis, and small joint effusion with a tiny popliteal cyst. The employee had minimal semi membranous bursitis and there was a discoid lateral meniscus without tear. On 7/3/2013, the provider noted the employee had failed to improve with Motrin, cortisone injections and home exercises. The employee walked with a mild limp and had patellofemoral crepitus and tenderness on examination. Patellar compression test was positive and she had medial and lateral joint line tenderness. Left knee x-rays demonstrated bone on bone in the patellofemoral joint and medial joint space narrowing on the flexion weight-bearing view. A request was submitted for a 3 day post-op inpatient stay at [REDACTED].

The ODG indicates that for a knee replacement, a median hospital stay of 3 days and a mean of 3.4 days are considered reasonable. The left total knee replacement is considered medically necessary. The request for a 3 day post-op inpatient stay at [REDACTED] **is medically necessary and appropriate.**

3) Regarding the request for an assistant surgeon:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer determined the California Medical Treatment Utilization Schedule (MTUS) does not address the issue in dispute. The Expert Reviewer relied on the American College of Surgeons, Physicians as Assistants at Surgery, (2011), which is a medical treatment guideline that is not part of the MTUS.

Rationale for the Decision:

The employee was injured on 1/9/2006 and has experienced chronic bilateral knee pain. On 4/3/2013, the employee underwent right total knee arthroplasty. On 4/18/2013, she returned with persistent complaints of pain but stated she was doing better than before. The employee started physical therapy at home and was using Norco up to 6 times a day. A left knee MRI dated 5/14/2013 revealed moderate to severe medial compartment osteoarthritis with associated diffuse free edge tearing of the medial meniscus, severe patellofemoral compartment osteoarthritis, and small joint effusion with a tiny popliteal cyst. The employee had minimal semi membranous bursitis and there was a discoid lateral meniscus without tear. On 7/3/2013, the provider noted the employee had failed to improve with Motrin, cortisone injections and home exercises. The employee walked with

a mild limp and had patellofemoral crepitus and tenderness on examination. Patellar compression test was positive and she had medial and lateral joint line tenderness. Left knee x-rays demonstrated bone on bone in the patellofemoral joint and medial joint space narrowing on the flexion weight-bearing view. A request was submitted for an assistant surgeon.

The American College of Surgeons Guidelines state that the more complex or risky the operation, the more highly trained the first assistant should be. Criteria include anticipated anesthesia time, anticipated incidence of intraoperative complications, and procedures requiring considerable judgment or technical skills. To perform a total knee replacement requires considerable judgment and skill by the trained assistant. Therefore, an assistant surgeon would be considered medically necessary as the surgical intervention itself is considered medically necessary due to bone-on-bone joint disease. The request for an assistant surgeon **is medically necessary and appropriate.**

4) Regarding the request for pre-op labs:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the article “Preoperative Assessment” (Lancet. 2004 Jan 31; 363(9406):400-1), which is peer-reviewed scientific evidence that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined the California MTUS does not address the issue in dispute. The Expert Reviewer relied on the Official Disability Guidelines (ODG), Low Back Chapter, Preoperative Lab Testing section, which is a medical treatment guideline that is not part of the MTUS.

Rationale for the Decision:

The employee was injured on 1/9/2006 and has experienced chronic bilateral knee pain. On 4/3/2013, the employee underwent right total knee arthroplasty. On 4/18/2013, she returned with persistent complaints of pain but stated she was doing better than before. The employee started physical therapy at home and was using Norco up to 6 times a day. A left knee MRI dated 5/14/2013 revealed moderate to severe medial compartment osteoarthritis with associated diffuse free edge tearing of the medial meniscus, severe patellofemoral compartment osteoarthritis, and small joint effusion with a tiny popliteal cyst. The employee had minimal semi membranous bursitis and there was a discoid lateral meniscus without tear. On 7/3/2013, the provider noted the employee had failed to improve with Motrin, cortisone injections and home exercises. The employee walked with a mild limp and had patellofemoral crepitus and tenderness on examination. Patellar compression test was positive and she had medial and lateral joint line tenderness. Left knee x-rays demonstrated bone on bone in the patellofemoral joint and medial joint space narrowing on the flexion weight-bearing view. A request was submitted for pre-op labs.

The ODG indicates that that pre-op testing is recommended for patients undergoing invasive neurological procedures or those undergoing implantation of a foreign material. The total knee replacement qualifies as implantation of

foreign material. Therefore, it is reasonable for the employee to undergo pre-op lab testing. The request for pre-op labs **is medically necessary and appropriate.**

5) Regarding the request for a cold therapy unit:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Knee and Leg Chapter, Continuous-Flow Cryotherapy section, which is a medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 1/9/2006 and has experienced chronic bilateral knee pain. On 4/3/2013, the employee underwent right total knee arthroplasty. On 4/18/2013, she returned with persistent complaints of pain but stated she was doing better than before. The employee started physical therapy at home and was using Norco up to 6 times a day. A left knee MRI dated 5/14/2013 revealed moderate to severe medial compartment osteoarthritis with associated diffuse free edge tearing of the medial meniscus, severe patellofemoral compartment osteoarthritis, and small joint effusion with a tiny popliteal cyst. The employee had minimal semi membranous bursitis and there was a discoid lateral meniscus without tear. On 7/3/2013, the provider noted the employee had failed to improve with Motrin, cortisone injections and home exercises. The employee walked with a mild limp and had patellofemoral crepitus and tenderness on examination. Patellar compression test was positive and she had medial and lateral joint line tenderness. Left knee x-rays demonstrated bone on bone in the patellofemoral joint and medial joint space narrowing on the flexion weight-bearing view. A request was submitted for a cold therapy unit.

The ODG recommends continuous flow cryotherapy as an option after surgery but not for non-surgical treatment. Post-operative use is generally up to 7 days, including home use. The surgical intervention is considered medically necessary due to the employee having bone-on-bone joint disease of the left knee. Therefore, the request for a cold therapy unit **is medically necessary and appropriate.**

6) Regarding the request for a bedside commode:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Medicare National Coverage Determinations Manual, which is peer-reviewed scientific evidence that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The

Expert Reviewer determined the California MTUS does not address the issue in dispute. The Expert Reviewer relied on the Official Disability Guidelines (ODG), Knee and Leg Chapter, Durable Medical Equipment section, which is a medical treatment guideline that is not part of the MTUS.

Rationale for the Decision:

The employee was injured on 1/9/2006 and has experienced chronic bilateral knee pain. On 4/3/2013, the employee underwent right total knee arthroplasty. On 4/18/2013, she returned with persistent complaints of pain but stated she was doing better than before. The employee started physical therapy at home and was using Norco up to 6 times a day. A left knee MRI dated 5/14/2013 revealed moderate to severe medial compartment osteoarthritis with associated diffuse free edge tearing of the medial meniscus, severe patellofemoral compartment osteoarthritis, and small joint effusion with a tiny popliteal cyst. The employee had minimal semi membranous bursitis and there was a discoid lateral meniscus without tear. On 7/3/2013, the provider noted the employee had failed to improve with Motrin, cortisone injections and home exercises. The employee walked with a mild limp and had patellofemoral crepitus and tenderness on examination. Patellar compression test was positive and she had medial and lateral joint line tenderness. Left knee x-rays demonstrated bone on bone in the patellofemoral joint and medial joint space narrowing on the flexion weight-bearing view. A request was submitted for a bedside commode.

The ODG indicates that most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. The request for a bedside commode **is not medically necessary and appropriate.**

7) Regarding the request for a walker:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Knee and Leg Chapter, Walking Aids section, which is a medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined the California MTUS does not address the issue in dispute. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 1/9/2006 and has experienced chronic bilateral knee pain. On 4/3/2013, the employee underwent right total knee arthroplasty. On 4/18/2013, she returned with persistent complaints of pain but stated she was doing better than before. The employee started physical therapy at home and was using Norco up to 6 times a day. A left knee MRI dated 5/14/2013 revealed

moderate to severe medial compartment osteoarthritis with associated diffuse free edge tearing of the medial meniscus, severe patellofemoral compartment osteoarthritis, and small joint effusion with a tiny popliteal cyst. The employee had minimal semi membranous bursitis and there was a discoid lateral meniscus without tear. On 7/3/2013, the provider noted the employee had failed to improve with Motrin, cortisone injections and home exercises. The employee walked with a mild limp and had patellofemoral crepitus and tenderness on examination. Patellar compression test was positive and she had medial and lateral joint line tenderness. Left knee x-rays demonstrated bone on bone in the patellofemoral joint and medial joint space narrowing on the flexion weight-bearing view. A request was submitted for a walker.

The ODG indicates that post-op use of a walker is indicated following the employee's surgery. The guidelines indicate the employee would be allowed to bear weight as tolerated, but would be significantly weakened in the immediate post-op phase. Without using a walker, the employee would be at risk for falling. The request for a walker **is medically necessary and appropriate.**

8) Regarding the request for a transfer bench:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Knee and Leg Chapter, Durable Medical Equipment section, which is a medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined the California MTUS does not address the issue in dispute. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 1/9/2006 and has experienced chronic bilateral knee pain. On 4/3/2013, the employee underwent right total knee arthroplasty. On 4/18/2013, she returned with persistent complaints of pain but stated she was doing better than before. The employee started physical therapy at home and was using Norco up to 6 times a day. A left knee MRI dated 5/14/2013 revealed moderate to severe medial compartment osteoarthritis with associated diffuse free edge tearing of the medial meniscus, severe patellofemoral compartment osteoarthritis, and small joint effusion with a tiny popliteal cyst. The employee had minimal semi membranous bursitis and there was a discoid lateral meniscus without tear. On 7/3/2013, the provider noted the employee had failed to improve with Motrin, cortisone injections and home exercises. The employee walked with a mild limp and had patellofemoral crepitus and tenderness on examination. Patellar compression test was positive and she had medial and lateral joint line tenderness. Left knee x-rays demonstrated bone on bone in the patellofemoral joint and medial joint space narrowing on the flexion weight-bearing view. A request was submitted for a transfer bench.

The ODG supports use of a walker for ambulation on post-op day 1. Thus, with use of a walker, the employee would be able to walk and would not require the assistance of a transfer bench. The request for a transfer bench **is not medically necessary and appropriate.**

9) Regarding the request for a shower chair:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Knee and Leg Chapter, Durable Medical Equipment section, which is a medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined the California MTUS does not address the issue in dispute. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 1/9/2006 and has experienced chronic bilateral knee pain. On 4/3/2013, the employee underwent right total knee arthroplasty. On 4/18/2013, she returned with persistent complaints of pain but stated she was doing better than before. The employee started physical therapy at home and was using Norco up to 6 times a day. A left knee MRI dated 5/14/2013 revealed moderate to severe medial compartment osteoarthritis with associated diffuse free edge tearing of the medial meniscus, severe patellofemoral compartment osteoarthritis, and small joint effusion with a tiny popliteal cyst. The employee had minimal semi membranous bursitis and there was a discoid lateral meniscus without tear. On 7/3/2013, the provider noted the employee had failed to improve with Motrin, cortisone injections and home exercises. The employee walked with a mild limp and had patellofemoral crepitus and tenderness on examination. Patellar compression test was positive and she had medial and lateral joint line tenderness. Left knee x-rays demonstrated bone on bone in the patellofemoral joint and medial joint space narrowing on the flexion weight-bearing view. A request was submitted for a shower chair.

The ODG indicates that most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. The records submitted and reviewed document the employee would be able to ambulate with a walker on post-op day 1. If the surgeon approved it, the employee would be able to shower after the wound was adequately covered. Therefore, the medical necessity for a shower chair has not been documented. The request for a shower chair **is not medically necessary and appropriate.**

10) Regarding the request for in-home physical therapy 2 to 3 times a week for 4 weeks:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Postsurgical Treatment Guidelines, Knee section, which is part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines, (2004), page 51, which is part of the MTUS.

Rationale for the Decision:

The employee was injured on 1/9/2006 and has experienced chronic bilateral knee pain. On 4/3/2013, the employee underwent right total knee arthroplasty. On 4/18/2013, she returned with persistent complaints of pain but stated she was doing better than before. The employee started physical therapy at home and was using Norco up to 6 times a day. A left knee MRI dated 5/14/2013 revealed moderate to severe medial compartment osteoarthritis with associated diffuse free edge tearing of the medial meniscus, severe patellofemoral compartment osteoarthritis, and small joint effusion with a tiny popliteal cyst. The employee had minimal semi membranous bursitis and there was a discoid lateral meniscus without tear. On 7/3/2013, the provider noted the employee had failed to improve with Motrin, cortisone injections and home exercises. The employee walked with a mild limp and had patellofemoral crepitus and tenderness on examination. Patellar compression test was positive and she had medial and lateral joint line tenderness. Left knee x-rays demonstrated bone on bone in the patellofemoral joint and medial joint space narrowing on the flexion weight-bearing view. A request was submitted for in-home physical therapy 2 to 3 times a week for 4 weeks.

The MTUS Chronic Pain Medical Treatment Guidelines indicate that home health services are recommended for patients who are homebound on a part-time or intermittent basis, generally up to no more than 35 hours per week. This employee would be ambulatory with the use of a walker and would not be homebound. Although guidelines indicate that physical therapy 2 times a week for 4 weeks is an appropriate initial request for post-op therapy for a total knee arthroplasty, the records do not indicate the employee would be homebound. The request for in-home physical therapy 2 to 3 times a week for 4 weeks **is not medically necessary and appropriate.**

11) Regarding the request for a home health registered nurse 2 to 3 times a week for 4 weeks:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), page 51, which is part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the

section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 1/9/2006 and has experienced chronic bilateral knee pain. On 4/3/2013, the employee underwent right total knee arthroplasty. On 4/18/2013, she returned with persistent complaints of pain but stated she was doing better than before. The employee started physical therapy at home and was using Norco up to 6 times a day. A left knee MRI dated 5/14/2013 revealed moderate to severe medial compartment osteoarthritis with associated diffuse free edge tearing of the medial meniscus, severe patellofemoral compartment osteoarthritis, and small joint effusion with a tiny popliteal cyst. The employee had minimal semi membranous bursitis and there was a discoid lateral meniscus without tear. On 7/3/2013, the provider noted the employee had failed to improve with Motrin, cortisone injections and home exercises. The employee walked with a mild limp and had patellofemoral crepitus and tenderness on examination. Patellar compression test was positive and she had medial and lateral joint line tenderness. Left knee x-rays demonstrated bone on bone in the patellofemoral joint and medial joint space narrowing on the flexion weight-bearing view. A request was submitted for a home health registered nurse 2 to 3 times a week for 4 weeks.

The MTUS Chronic Pain Medical Treatment Guidelines indicate that home health services are recommended for patients who are homebound on a part-time or intermittent basis, generally up to no more than 35 hours per week. This employee would be ambulatory with the use of a walker and would not be homebound. The records do not indicate she would be homebound and, therefore, this request is not considered medically necessary. The request for a home health registered nurse 2 to 3 times a week for 4 weeks **is not medically necessary and appropriate.**

12) Regarding the request for post-op Coumadin:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Knee and Leg Chapter, Warfarin (Coumadin) and Venous Thrombosis sections, which are medical treatment guidelines that are not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined the California MTUS do not address the issue in dispute. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 1/9/2006 and has experienced chronic bilateral knee pain. On 4/3/2013, the employee underwent right total knee arthroplasty. On 4/18/2013, she returned with persistent complaints of pain but stated she was doing better than before. The employee started physical therapy at home and was using Norco up to 6 times a day. A left knee MRI dated 5/14/2013 revealed

moderate to severe medial compartment osteoarthritis with associated diffuse free edge tearing of the medial meniscus, severe patellofemoral compartment osteoarthritis, and small joint effusion with a tiny popliteal cyst. The employee had minimal semi membranous bursitis and there was a discoid lateral meniscus without tear. On 7/3/2013, the provider noted the employee had failed to improve with Motrin, cortisone injections and home exercises. The employee walked with a mild limp and had patellofemoral crepitus and tenderness on examination. Patellar compression test was positive and she had medial and lateral joint line tenderness. Left knee x-rays demonstrated bone on bone in the patellofemoral joint and medial joint space narrowing on the flexion weight-bearing view. A request was submitted for post-op Coumadin.

The ODG indicates that risk factors for venous thrombosis include immobility, surgery, and prothrombotic genetic variants. As this employee is planned to undergo this surgery, it is important to cover her for possible deep vein thrombosis (DVT) with this medication. Coumadin is considered the standard anti-coagulant protocol for patients undergoing this type of surgery. Therefore, this request is considered medically necessary in order to avoid DVT. The request for post-op Coumadin **is medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/sab

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.