

Case Number:	CM14-0132199		
Date Assigned:	08/22/2014	Date of Injury:	04/01/2001
Decision Date:	12/24/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/18/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in Minnesota. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 66 year old, injured on the job, April 1, 2001. The injured worker suffered from bilateral knee pain and carpal tunnel syndrome. The Injured worker had a right total knee replacement on January 7, 2013. The injured worker has since been complaining of increased discomfort in the left knee, according to the progress note of March 11, 2014. The treatments used in the past were Kenalog injections last on March 11, 2014 and oral medication. The left knee x-ray showed severe tricompartmental osteoarthritis with complete collapse of the medial compartment and the lateral compartment with severe patellofemoral arthritis. The UR request of August 4, 2014 certified the Total left knee replacement, physical therapy, continuous passive motion machine and preoperative clearance. However, the postoperative range of motion (ROM) knee brace, Transcutaneous Electrical Nerve Stimulation (TENS) unit and Mobileg crutches were denied as medically not necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan maco protocol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC); Knee and leg Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Knee, Topic: Robotic assisted Knee Arthroplasty

Decision rationale: California MTUS does not address this issue. ODG guidelines do not recommend robotic assisted knee arthroplasty. There is insufficient evidence that robotic assisted surgical procedures provide comparable or better outcomes to conventional open or minimally invasive surgical procedures. As such the request for MACO protocol CT scan is not medically necessary.

Post operative ROM knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC); Knee and Leg Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: The documentation submitted does not indicate evidence of knee instability or need for a post-operative brace. Usually the total knee arthroplasty is stable and a hinged range of motion brace is not needed. The California MTUS guidelines cited indicate use of a brace for instability. Post-operative use of continuous passive motion and an active exercise program is recommended to maintain range of motion and strength. For the average patient, using a brace is usually unnecessary per guidelines. Therefore the request for a post-operative ROM knee brace is not medically necessary.

Mobileg crutches X2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Section: Knee Topic: Walking Aids.

Decision rationale: California MTUS does not address this issue. ODG guidelines indicate 50 percent of patients with knee pain use walking aids. Walking aids are necessary after a total knee arthroplasty. A front-wheeled walker is preferred for safety reasons and used by most patients. Mobileg crutches are not recommended, particularly in light of the history of CMC arthritis of the thumbs documented in the medical records. The request for Mobilegs is therefore not medically necessary.

Kneehab/TENS unit with conductive garment & supplies: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines,Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, post-operative pain Page(s): 116.

Decision rationale: California MTUS recommends use of a TENS unit for chronic pain. However, for post-operative pain it is effective for thoracotomy and less effective or not at all for orthopedic surgical procedures. Therefore the request for a TENS unit is not medically necessary per guidelines.