

Case Number:	CM13-0006147		
Date Assigned:	06/06/2014	Date of Injury:	05/13/2009
Decision Date:	07/31/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/02/2013

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 Texas. 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 57-year-old female who reported an injury on 05/13/2009. Prior treatments included a Synvisc injection and medications. The mechanism of injury was not provided. The documentation of 06/27/2013 revealed the injured worker was diagnosed with advanced medial compartment arthritis in the right knee in 2010. The injured worker was treated with Depo-Medrol and Synvisc injections. The injured worker was most recently injected on 09/10/2012 with no relief. The injured worker underwent a lap band procedure in 09/2011 and lost 75 pounds. The documentation indicated that the injured worker had severe disability and could hardly get around. The injured worker had an x-ray of the left knee that showed bone-on-bone wear in the medial compartment with prominent osteophyte, significant varus alignment, and subchondral sclerosis and flattening of the medial femoral condyle. The right knee was noted to have advanced arthritis. The evaluation of the left knee revealed unrestricted motion, significant patellofemoral crepitus, medial joint line tenderness, and crepitus. The assessment/diagnosis was end stage osteoarthritis left knee, industrially aggravated, unresponsive to conservative treatment. The treatment plan included a left total knee arthroplasty. The documentation indicated the injured worker's height was 4 feet 11 inches and weight was 230 pounds. The injured worker's body mass index would figure to 46.45.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT TOTAL KNEE ARTHROPLASTY: 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 & 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 & Leg Chapter, Knee joint replacement.

Decision rationale: The Official Disability Guidelines indicate for a knee arthroplasty the criteria for joint replacement include if 2 of the 3 compartments are affected, a total joint replacement is indicated; if only 1 compartment is affected, a unicompartmental or partial replacement may be considered. There should be documentation of exercise therapy and medications, including NSAIDs or viscosupplementation, documentation of a limited range of motion less than 90 degrees, nighttime joint pain, no pain relief with conservative care, and documentation of functional limitations demonstrating the necessity for intervention, plus the injured worker should be over 50 years of age and have a body mass index of less than 35. There should be osteoarthritis on standing x-rays. The clinical documentation submitted for review indicated the injured worker had osteoarthritis on x-ray. There was a lack of documentation of limited range of motion and nighttime joint pain. There was a lack of documentation of a failure of conservative care, including exercise therapy and NSAIDs. Given the above, the request for left total knee arthroplasty is not medically necessary.

THREE DAY INPATIENT STAY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, the associated services are not medically necessary.

SURGICAL ASSISTANT-MICHAEL PIZZO, RN, FNP: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, the associated services are not medically necessary.

DME CONTINUOUS PASSIVE MOTION (CPM) FOR 21 DAYS POST-OPERATIVE:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, the associated services are not medically necessary.

THREE IN ONE COMMODE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

WALKER WITH WHEELS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, the associated services are not medically necessary.