

Case Number:	CM13-0015402		
Date Assigned:	10/08/2013	Date of Injury:	03/02/2010
Decision Date:	01/14/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she 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 physician 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 patient is a 58-year-old gentleman injured in a work related accident on 03/02/10. The records reflected that he was with complaints of bilateral knee pain. A 07/23/13 assessment with the treating physician, stated chief complaints of right knee pain, for which the claimant is status post a right knee medial and lateral meniscectomy and removal of loose body with chondroplasty on 01/02/13. He described his bilateral knee complaints as 7.5 out of 10 on a VAS pain score scale. He is currently unable to work complaining of continued complaints of bilateral knee discomfort. Physical examination findings showed 10 to 115 degrees range of motion of the right knee and 15 to 90 degrees on the left with tenderness to the medial joint line bilaterally and no effusion. The claimant was diagnosed with advanced arthritis of the bilateral knees. Recommendations at that time were encouragement for weight loss and a left total knee arthroplasty with potential for unicompartmental knee replacement on the right. His radiographs at that date showed tricompartmental arthrosis on the left knee with the right knee with medial narrowing and patellar osteophytes. Further review of records gave the claimant a height of 75" and weight of over 350 pounds for a BMI of greater than 42. At present, there is a request for a total knee replacement with assistant surgeon, preoperative blood work and a four day inpatient stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total left knee replacement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Knee and Leg..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) --Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Knee joint replacement.

Decision rationale: California MTUS Guidelines do not specifically address the request however they state that "Referral for surgical consultation may be indicated for patients who have: Activity limitation for more than one month; and Failure of exercise programs to increase range of motion and strength of the musculature around the knee". When looking at Official Disability Guidelines criteria and supported by Milliman Care Guidelines, the role of total knee replacement, assistant surgeon, four day inpatient length of stay, and preoperative CBC are not indicated. Records for review would not support the role of total knee replacement surgery given the claimant's weight of 365 pounds and body mass index of 42. Official Disability Guidelines indicates that objective clinical findings of "over 50-years of age and body max index of less than 35" should be present and that BMI greater than that poses elevated risk for postoperative complications. In the absence of documentation of failure of exercise programs to increase range of motion and strength about the knee, coupled with the claimant's morbid obesity a medical necessity for the requested procedure cannot be established.

4 Days 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 service is not medically necessary and appropriate, the associated services are not medically necessary and appropriate.

Pre-op COMPLETE BLOOD COUNT (CBC): 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 service is not medically necessary and appropriate, the associated services are not medically necessary and appropriate.

Assistant Surgeon: 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 service is not medically necessary and appropriate, the associated services are not medically necessary and appropriate.