

Case Number:	CM13-0016261		
Date Assigned:	12/11/2013	Date of Injury:	01/20/2012
Decision Date:	01/27/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/26/2013

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 Orthopaedic 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 73 year old female with industrial injury 1/20/12. The patient is status post gastric bypass according to the records. The exam from 7/8/13 noted the patient demonstrates bilateral knee pain which is worse on left. There was a report of mild effusion in the left knee and diminished range of motion in bilateral knees. There was a radiographic report from 5/8/13 which demonstrates severe medial joint narrowing bilaterally. There was a report of failure of non-operative management. The request for right total knee replacement with medical clearance with assistant, 4 day inpatient stay, walker, continuous passive motion (CPM), 3 in 1 commode, home health for lab draw and physical therapy

IMR ISSUES, DECISIONS AND RATIONALES

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

Right total knee arthroplasty, medical clearance and assistant: 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 arthroplasty.

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

Decision rationale: Based upon the records reviewed the patient does not meet criteria for a total knee arthroplasty. There is no indication of the patient having two compartment disease or night time joint pain. There is no calculated body mass index in the records. Therefore the determination is for non-certification. Since the primary procedure is not medically necessary, none of the associated services are medically necessary.