

<b>Case Number:</b>	CM13-0016815		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	01/18/2007
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	07/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 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 claimant is a fifty year old female who sustained injuries to her right knee and left foot on 01/18/07 when she fell during a fire drill. Specific to the claimant's right knee, a progress report for review includes a 07/10/13 assessment with [REDACTED] for complaints of pain about the right knee ongoing in nature. [REDACTED] indicated that he had recently recommended a right total knee arthroplasty which was denied by the insurance carrier on 05/24/13. The claimant's history at that time was documented to have included prior left knee arthroscopy from 10/09/12. Specific to the claimant's right knee, he indicated that she had failed conservative care, however the exam failed to demonstrate any specific positive findings; of note is that her weight at that time was 218 pounds. He indicated that at the last visit, 05/03/13, she had limited range of motion from 0 to 81 degrees, and that MR arthrography from March 2013 had been reviewed though he did not indicate the specific findings and this report was not available for review. [REDACTED] indicated the need for arthroplasty, but further particulars of her physical examination findings were not noted. Review of prior denial indicated that surgery was denied for an age less than 50 and a BMI greater than 35.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee total arthroplasty quantity 1.00:** 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)

**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): Knee Procedure.

**Decision rationale:** California Medical Treatment utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) states "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". Specifically addressing total knee arthroplasty, Official Disability Guidelines state that there should be "Objective Clinical Findings: Over 50 years of age AND Body Mass Index of less than 35, where increased BMI poses elevated risks for post-op complications. PLUS 4. Imaging Clinical Findings: Osteoarthritis on: Standing x-ray. OR Arthroscopy". In this case the document does not satisfy California Medical Treatment utilization Schedule ( MTUS) American College of Occupational and Environmental Medicine (ACOEM) and or Official Disability Guidelines(ODG) as all conservative measures have not been exhausted, there is nothing to dispute the prior denial in which it was stated that her Body Mass Index is greater than 35, and there is not documentation in the form of imaging or operative report that would support the degree of osteoarthritis present in the right knee. Based on the available information, the request for right knee arthroplasty would not be considered as medically necessary.

**Pre-operative labs quantity 1.00:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004)-- CA MTUS ACOEM, Chapter 7 Independent Medical Examinations and Consultations, page 127 and Official Disability Guidelines (ODG) : Low back procedure.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) states "A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work". Official Disability Guidelines, specifically pertaining to preoperative testing states "The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings". At this juncture a medical necessity for surgery has not been established and as such there would not be a medical necessity for the requested preoperative laboratory tests. Additionally, guidelines indicate that ordering of preoperative testing should be guided on history, comorbidities, and physical examination findings none of which is clearly outlined within the available medical records.

**Pre-operative electrocardiogram quantity 1.00:** 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004)-- CA MTUS , Chapter 7 Independent Medical Examinations and Consultations, page 127 and Official Disability Guidelines (ODG): low back procedure.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) states "A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work". Official Disability Guidelines, specifically pertaining to preoperative testing states "The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings". At this juncture a medical necessity for surgery has not been established and as such there would not be a medical necessity for the requested preoperative laboratory tests. Additionally, guidelines indicate that ordering of preoperative testing should be guided on history, comorbidities, and physical examination findings none of which is clearly outlined within the available medical records.

**Pre-operative chest x-ray quantity 1.00:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Chapter 7 Independent Medical Examinations and Consultations, page 127 and Official Disability Guidelines (ODG); low back procedure.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) states "A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work". Official Disability Guidelines, specifically pertaining to preoperative testing states "The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings". At this juncture a medical necessity for surgery has not been established and as such there would not be a medical necessity for the requested chest x-ray; additionally a specific risk has not been identified within the records such that would warrant this testing.

**Pre-operative medical clearance with internist quantity 1.00:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Chapter 7 Independent Medical Examinations and Consultations, page 127 and Official Disability Guidelines (ODG)

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) states "A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work". At this juncture a medical necessity for surgery has not been established and as such there would not be a medical necessity for the requested preoperative medical clearance