

Case Number:	CM13-0027316		
Date Assigned:	06/06/2014	Date of Injury:	09/05/2011
Decision Date:	07/31/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/20/2013

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 Pennsylvania. 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 claimant is a 48-year-old gentleman injured in a September 5, 2011, work-related accident. Clinical records specific to the claimant's left knee include the report of an arthrogram dated September 7, 2013, showing previous anterior cruciate ligament reconstruction with metallic artifact attenuation of the medial meniscus, no acute fracture and moderate underlying degenerative changes. A July 16, 2013, follow-up report documents continued complaints of pain; objective findings showed 10 to 95 degree range of motion, positive crepitation, no ligamentous laxity, and tenderness both medially and laterally. The records state that the claimant failed conservative care, including treatment with viscosupplementation and steroid medications. This request is for left knee arthroplasty, pre-operative clearance, a three-day inpatient stay post-operatively and a three-day post-operative stay in a skilled nursing facility.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Total Knee Replacement with Two Units of Autologous Blood: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Comp, 18th Edition, 2013 Updatee: Knee Procedure - Knee joint replacement.

Decision rationale: California MTUS ACOEM Guidelines do not provide criteria relevant to this request. According to the Official Disability Guidelines, total arthroplasty would not be indicated in this case. The claimant is 48 years of age, and the reviewed records do not document body mass index. The Official Disability Guidelines do not recommend joint reconstruction in individuals under the age of 50 due to the increased risk of revision surgery later in life or in those with a BMI of 35 or higher. Though the records state that the claimant has failed conservative care, the claimant's age is a contraindication, and the absence of BMI information means that the safety of this procedure in this claimant cannot be assessed. For both reasons, this request is not medically necessary.

Pre-Operative Clearance: 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, none of the associated services are medically necessary.

3 Day In-Patient 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, none of the associated services are medically necessary.

3 Days Skilled Nursing Facility: 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, none of the associated services are medically necessary.