

Case Number:	CM13-0030886		
Date Assigned:	12/13/2013	Date of Injury:	04/04/2013
Decision Date:	01/29/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	10/02/2013

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:

This is a 58-year-old male who carries the diagnosis of severe advanced degenerative joint disease of his left knee. The records document extensive changes on x-rays consistent with the above stated diagnosis. He has limited range of motion and has severe pain in spite of conservative measures which includes medical management, activity modification and injection therapy. The previous adverse determination cited Official Disability Guidelines stating that the patient's body habitus (5'11", 310 pounds, BMI of 43) would preclude him from being a reasonable candidate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee total knee replacement: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ODG ODG Knee and Leg Chapter. AAOS Position Statement Reimbursement of the First Assisant at Surgery in Orthopaedics. ODG Knee Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Worker's Comp 18th edition, 2013 Updates, Chapter Knee

Decision rationale: MTUS Guidelines are silent in this regard. The Official Disability Guidelines state that BMI in excess of 36 is considered a relative contraindication to surgery. It is, however, not considered an absolute contraindication. Unfortunately, not all individuals will present with ideal BMI. With that said, this gentleman's complaints appear to be genuine. He has severe degenerative changes and it is unlikely that anything other than total knee arthroplasty will be considered reasonable and appropriate. As such, and in consideration of the patient's body habitus, it would appear that this would represent a reasonable and appropriate request, i.e. for total knee arthroplasty. The patient's BMI is not ideal, but also not an absolute contraindication, and as such, I would recommend overturning the previous adverse determination and suggest that the total knee arthroplasty would in fact be reasonable and medically necessary in this setting.

Left knee total knee replacement, assistant surgeon: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ODG ODG Knee and Leg Chapter. AAOS Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics. ODG Knee Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Worker's Comp 18th edition, 2013 Updates, Chapter Knee

Decision rationale: The Guidelines would support a qualified assistant surgeon for a complex reconstructive procedure such as total knee arthroplasty and as such this would be recommended as reasonable and medically necessary.

Pre-op labs and medical clearance (CBC, BMP, UA, EKG, PT/PTT, Chest Xrays, MRSA screening): Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ODG ODG Knee and Leg Chapter. AAOS Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics. ODG Knee Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Worker's Comp 18th edition, 2013 Updates, Chapter Low Back

Decision rationale: The requested preoperative studies, medical clearance and work up would be medically necessary prior to undergoing a joint replacement. All infectious processes and any risk factors should be ruled out before proceeding with surgery.

Inpatient hospital stay X 4 days: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ODG ODG Knee and Leg Chapter. AAOS Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics. ODG Knee Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Worker's Comp 18th edition, 2013 Updates, Chapter Knee

Decision rationale: Hospital stay for four days would go beyond the typical number of days recommended by Official Disability Guidelines which recommend three days. The requested four day stay is not recommended.

Post op PT 2 x 4: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ODG ODG Knee and Leg Chapter. AAOS Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics. ODG Knee Chapter

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Physical therapy for eight visits would be medically necessary to restore function and reduce pain following surgery.

DME: cold therapy unit, crutches, 3/1 commode 27447, E1399, E1399, 97110, E1399:
Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ODG ODG Knee and Leg Chapter. AAOS Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics. ODG Knee Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Worker's Comp 18th edition, 2013 Updates, Chapter Knee

Decision rationale: The postoperative use of a cold therapy unit for seven days would be considered a reasonable option and consistent with the evidence based Official Disability Guidelines (MTUS Guidelines are silent in this regard). Postoperative DME purchase such as a commode extender and walking aid, i.e. wheeled walker, would be reasonable and appropriate according to the evidence based Guidelines in patients undergoing total knee arthroplasty (MTUS does not address).