

Case Number:	CM13-0032040		
Date Assigned:	12/04/2013	Date of Injury:	10/01/2012
Decision Date:	02/20/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/28/2013

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 56-year-old female who sustained an injury to the left knee on 10/01/12. Clinical records for review included a recent 08/20/13 assessment where the claimant was noted to be status post a prior right total knee arthroplasty and had continued complaints of pain about the left knee, more so medially with physical examination showing tenderness over the medial compartment and crepitus over the medial joint line. The claimant was noted to have a BMI of 37. Radiographs demonstrated advanced osteoarthritic change, tricompartmentally with a varus deformity. It was documented that the claimant had failed conservative care. A left total knee arthroplasty was recommended for further treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

prospective request for Left Total Knee Replacement: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section on Indications for Surgery - Knee Arthroscopy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. 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: Based on Official Disability Guidelines criteria, as California MTUS ACOEM Guidelines are silent, the left total knee arthroplasty would appear medically necessary. While ODG guidelines indicated that the BMI should be less than 35 and age greater than 50 years, these are indicators that pose increased risks, but are not direct contraindications of procedure itself. The claimant in this case is noted to be status post a prior right total knee arthroplasty, for which she is doing well. The claimant has advanced endstage tricompartmental change to the left knee failing conservative measures. This specific request for the surgical process in question would appear medically necessary.

prospective request for Unknown Length of Stay: 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 and Leg Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. 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 - ODG hospital length of stay (LOS) guidelines

Decision rationale: Length of stay would not be indicated based on Official Disability Guidelines criteria as California MTUS Guidelines are silent. Unfortunately, the length of stay in this case was not documented. It would be unclear as to timeframe for which it would be appropriate. While ODG guideline criteria would recommend the role of up to three days, the lack of documentation of a specific requested timeframe would fail to necessitate the need at present.

prospective request for an Assistant Surgeon: Overturned

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 Medical Evidence: Milliman Care Guidelines 17th edition: Section on assistant surgeon, Assistant Surgeon Guidelines (Codes 27256 to 27465)

Decision rationale: California MTUS Guidelines are silent. When looking at Milliman Care Guidelines, the role of an assistive surgeon is necessary. Milliman Care Guidelines would support the role of assistant surgeon for total joint arthroplasty. This specific request would appear medically necessary.

prospective request for Pre-op Labs: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure - Preoperative lab testing

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, preoperative laboratory testing is medically necessary. The claimant is to undergo an anesthetic process as well as the basic process of joint replacement procedure. The role of preoperative laboratory assessment would be medically necessary.

prospective request for Pre-op EKG: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: low back procedure - Preoperative electrocardiogram (ECG)

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, preoperative electrocardiogram would be indicated. Intermittent surgical risk procedures including orthopedic procedures of adult reconstruction would necessitate the preoperative assessment with electrocardiogram prior to procedure. The specific request in this case would appear medically necessary.

prospective request for Physical Therapy, 24 visits: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter on and Knee and Leg and Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, 24 sessions of physical therapy would be supported. This specific request for 24 sessions would meet guideline criteria and would be indicated.

prospective request for CPM Machine Rental for 21 days: Overturned

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 and Leg Chapter and Section on Continuous Passive Motion (CMP)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Continuous Passive Motion (CPM)

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, 21 day rental of a CPM device would be supported. ODG Guidelines indicate no more than 21 days of CPM usage for total joint arthroplasty, ACL reconstruction, and certain fracture fixation procedure to the knee. The request for 21 days in this case appears medically necessary.