

Case Number:	CM13-0033590		
Date Assigned:	12/18/2013	Date of Injury:	01/12/2012
Decision Date:	02/20/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/10/2013

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 sustained an injury to the left knee in a work related accident on January 12, 2012. Clinical records for review included an operative report dated March 20, 2013 for a left knee diagnostic arthroscopy where findings showed "severe degenerative change" to the patella and trochlear groove with moderately severe degenerative arthritis with full thickness cartilage loss medially and mild degenerative changes laterally. The most recent clinical assessment dated September 3, 2013 documented that the claimant continued with complaints despite postoperative care with medication management, visco injections and corticosteroids. Physical examination was documented to show healed portal sites with a varus deformity, tenderness to palpation, a mild effusion and medial joint line tenderness. Radiographs reviewed on that date showed essentially end stage degenerative change of the medial and patellofemoral joint. The recommendation for surgical arthroplasty was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

left total knee arthroplasty: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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 Updates) - Knee procedure-Knee joint

Decision rationale: CA MTUS ACOEM Guidelines are silent. When looking at Official Disability Guideline criteria, the claimant has failed all discernible conservative measures. X-rays and arthroscopic findings show that he has end stage degenerative change and physical examination is consistent with underlying degenerative arthritis. As supported by ODG Guidelines, surgical arthroplasty would appear to be medically necessary.

2-3 day inpatient stay: 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 chapter

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 Updates) - Knee procedure-Knee joint replacement.

Decision rationale: CA MTUS ACOEM Guidelines are silent. When looking at Official Disability Guideline criteria, a three day inpatient length of stay would be supported for a joint replacement procedure. The specific request in this case would appear medically necessary.

Assistant PA: 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 Milliman Care Guidelines 17th edition: Assistant Surgeon Guidelines (Codes 27256 to 27465)

Decision rationale: MTUS Guidelines are silent. When looking at Milliman Care Guidelines, the role of a surgical assistant would also be supported. Milliman Guidelines would support the role of an assistant surgeon in the process of a joint arthroplasty.