

Case Number:	CM13-0040494		
Date Assigned:	01/22/2014	Date of Injury:	06/06/2005
Decision Date:	04/14/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/29/2013

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 61 year old claimant has a date of injury on June 6, 2005 and has been treated for right knee pain. The records provided for review indicated that he claimant was status post a previous left knee meniscectomy surgery. There is documentation the claimant was treated conservatively for knee pain and continues to experience pain and popping in the knee. Multiple records from [REDACTED] office document that the claimant has bone on bone arthritis. A right total knee arthroplasty CPM, Assistant surgeon, pain catheter, preoperative testing, home therapy and outpatient therapy were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total Joint Replacement: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (updated 6/7/13), ODG Indications for Surgery-Knee arthroplasty: Criteria for knee joint replacement

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 for Worker's Comp: 18th Edition; 2013 Updates; Chapter Knee and Leg; Knee Joint replacement

Decision rationale: The proposed right total knee arthroplasty cannot be certified based on the records in this case and the Official Disability Guidelines as the CA MTUS Guidelines do not address this issue. If one looks to the Official Disability Guidelines there should be imaging of osteoarthritis on X-rays documenting loss of chondral space in one of the three compartments of the knee. If one compartment is affected a unicompartmental arthroplasty should be performed and if two of the three compartments are affected a total joint replacement should be performed. Joint replacement surgery is only for claimants who fail conservative care, are of age greater than 50 years old, have a body mass index less than 35 and have appropriate subjective and objective findings of symptomatic knee osteoarthritis. The records provided for review in this case do not have any documentation of X-ray findings. There is no documentation of height and weight or body mass index. Absent an understanding of the type of arthritis present and the claimant's body mass index, total knee arthroplasty cannot be certified in this case.

Assistant surgeon procedures: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopaedics Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics, online: Role of First Assistant.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines: Inpatient and Surgical Care; 18th Edition

Decision rationale: The proposed right total knee arthroplasty cannot be certified based on the records in this case and the Official Disability Guidelines as the CA MTUS ACOEM 2004 Guidelines do not address. Therefore, the request for an assistant surgeon would not be medically necessary.

Pain catheter: 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), (updated 6/7/13) Post-op ambulatory infusion pumps (local anesthetic).

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; Chapter Knee and Leg: Postoperative Pain Pumps.

Decision rationale: The proposed right total knee arthroplasty cannot be certified based on the records in this case and the Official Disability Guidelines as the CA MTUS ACOEM 2004 Guidelines do not address. Therefore, the request for a pain catheter cannot be recommended.

Testing procedures to include H&P, bi-weekly INR, PTT, Coumadin level x 6 wks, in home phlebotomy 3x/wk for 2 wks post-op, CBC, CPM, (UA) urine analysis, (EKG) Electrocardiogram, ((CXR) Chest x-ray): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation online guidelines.gov: Interventions and Practices Considered Perioperative Assessment, Official Disability Guidelines (ODG), (updated 5/10/13), Preoperative electrocardiogram (ECG); Preoperative lab testing: Criteria for Preoperative lab testing; Preoperative te

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), Chapter 7: Independent Medical Examination, Consultations, page(s) 127 and Official Disability Guidelines (ODG) Official Disability Guidelines: Treatment in Worker's Comp: 18

Decision rationale: The proposed right total knee arthroplasty cannot be certified based on the records in this case and the Official Disability Guidelines as the CA MTUS ACOEM 2004 Guidelines do not address. Therefore, the requests for Testing procedures to include H&P, bi-weekly INR, PTT, Coumadin level x 6 wks, in home phlebotomy 3x/wk for 2 wks post-op, CBC, CPM, (UA) urine analysis, (EKG) Electrocardiogram, (CXR) Chest x-ray cannot be recommended as medically necessary.

In-home PT 3x/wk for 2 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

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: Chapter Knee and Leg; Home Health Services.

Decision rationale: The proposed right total knee arthroplasty cannot be certified based on the records in this case and the Official Disability Guidelines as the CA MTUS ACOEM 2004 Guidelines do not address. Therefore, the request home PT cannot be recommended as medically necessary.

Outpatient PT 3x/wk for 6 weeks:

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The proposed right total knee arthroplasty cannot be certified based on the records in this case and the Official Disability Guidelines as the CA MTUS ACOEM 2004 Guidelines do not address. Therefore, the request for outpatient PT cannot be recommended as medically necessary.