

Case Number:	CM13-0045272		
Date Assigned:	01/03/2014	Date of Injury:	01/12/2012
Decision Date:	05/19/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/12/2013

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 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 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:

This is a 67-year-old individual who sustained a right knee injury in a work related accident that occurred on 01/12/12. Clinical records were reviewed inclusive of a 10/24/13 assessment indicating continued complaints of pain about the right knee as well as in the low back. Physical exam showed a valgus deformity with positive crepitation, diminished range of motion and diffuse tenderness. The claimant was diagnosed with severe osteoarthritis and there was notation of failed conservative care. Surgical intervention in the form of a total knee arthroplasty was recommended at that time. Plain film radiographs of the knee were reviewed from 11/15/12 showing degenerative change. Conservative care has included corticosteroid injections, physical therapy and medication management. The claimant also underwent a series of previous viscosupplementation injections in 2012. There is evidence of a prior MRI scan that also demonstrates significant chondral change with lateral meniscal pathology. Given the claimant's failed conservative care, operative arthroplasty was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

"Associated surgical service"- ASSISTANT SURGEON: 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.

"Associated surgical service"- 2-3 DAYS INPATIENT 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.

"Associated surgical service"- PREOPERATIVE MEDICAL 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.

RIGHT TOTAL KNEE REPLACEMENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Chapter 7, Knee Complaints.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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.

Decision rationale: Based on Official Disability Guidelines criteria, as California MTUS guidelines are silent, the requested surgical procedure would not be supported as medically necessary. While the claimant is noted to be with degenerative change and failed conservative care there is currently no documentation of the patient's BMI to satisfy guidelines. Official Disability Guidelines clearly indicates that a body mass index of less than 35 is highly optimal for operative procedure. Given a lack of documentation of the body mass index in this individual the medical necessity for the requested knee arthroplasty is not established. The request for Right Total Knee Replacement is not medically necessary.