

Case Number:	CM13-0045380		
Date Assigned:	01/10/2014	Date of Injury:	01/10/2004
Decision Date:	03/26/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/12/2013

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 Texas. 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 36-year-old female who reported an injury on 04/20/2004. The mechanism of injury was not specifically stated. The patient is currently diagnosed with moderate to severe osteoarthritis in the right knee. The patient was seen by [REDACTED] on 10/14/2013. The patient reported ongoing right knee pain. The patient reported improvement in symptoms with Advil and ice therapy. Physical examination revealed mild effusion, 0 degree to 120 degree range of motion, crepitation with range of motion, tenderness over the lateral joint line, palpable popliteal cyst, and intact sensation. X-rays obtained in the office on that date indicated complete loss of lateral joint space on 45 degree PA view with joint space narrowing in the medial and patellofemoral compartment. Treatment recommendations included a total knee arthroplasty. A request for authorization form was then submitted on 10/23/2013 by [REDACTED] for a right total knee arthroplasty, a 3 day inpatient stay, and a physician assistant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee total arthroplasty: 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 343-345.

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month and a failure of exercise programs to increase range of motion and strength of the musculature around the knee. Official Disability Guidelines state knee arthroplasty is indicated for patients with 2 of 3 compartments affected. Conservative care should be completed, including exercise therapy and medications, as well as viscosupplementation or steroid injections. As per the clinical documentation submitted, the patient's physical examination revealed tenderness to palpation, crepitus, and mild effusion. There was no documentation of significant instability or neurovascular abnormality. The patient's body mass index is not provided for review. There was no documentation of limited range of motion less than 90 degrees. There is also no evidence of an exhaustion of conservative treatment including physical therapy, medications, and injections. Based on the clinical information received, the patient does not currently meet criteria for the requested surgical procedure. As such, the request is non-certified.

Three day inpatient hospital 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Hospital Length of Stay.

Decision rationale: As the patient's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is non-certified.

Continuous passive motion device - 14 day rental: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Continuous Passive Motion.

Decision rationale: As the patient's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is non-certified.

X-rays of the knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg and Knee Complaints

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: As the patient's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is non-certified.

One assistant physician: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines and The Centers for Medicare and Medicaid.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

Decision rationale: As the patient's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is non-certified.