MAXIMUS Federal Services

Case Number:	CM13-0045930		
Date Assigned:	12/27/2013	Date of Injury:	08/05/2008
Decision Date:	04/10/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/13/2013

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 Orthopaedic Surgery, and is licensed to practice in New York. 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 57-year-old male with date of injury of August 5, 2008. The patient slipped and fell at work, injuring his right knee. He also injured his arms, chest, and his back. While his other injuries have healed, the patient continues to have chronic knee pain. Treatment to date includes partial right knee arthroplasty in January 2009, and postoperative physical therapy. The patient had partial right knee medial unicompartmental arthroplasty. In September 2013 the patient was noted to have pain and swelling in the right knee. There is no history of recent trauma. He complains of chronic knee pain when he is standing for long period of time. Physical examination reveals range of motion of the right knee to be limited. There is swelling of the right knee. The patient has a BMI of 35. Range of motion is 5/90. The patient is unable to squat or jump on his right leg. The patient has been treated with medications. Progressive arthritis of the patellofemoral compartment and lateral compartment has been noted. However, the official radiology interpretation and reports of the radiographs are not included in the chart. There is no noted loosening of the unicompartmental knee replacement. The patient continues to use NSAID medication. At issue is whether total knee replacement surgery is medically necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee total knee replacement: 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 Chapter

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

Decision rationale: This patient does not meet established criteria for right knee total knee arthroplasty. The patient has already had right knee unicompartmental arthroplasty performed in January 2009. Specifically, the medical records document a lateral knee replacement with no evidence of loosening. While NSAID use has been documented, there is no recent trial and failure of physical therapy for knee pain. In addition, the medical records do not contain any official imaging reports to review. Also, there is no documentation of exclusion of the infection. There are no documented labs to exclude infection ,ie. Lab tests: CRP, CBC and sed rate. The medical records do not contain adequate documentation to support the need for total knee replacement at this time. Criteria for total knee replacement are not met.

Three (3) day in-patient 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.

Post-op physical therapy 3 x 6: 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.

CPM unit, post total knee replacement: 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.