

Case Number:	CM13-0048397		
Date Assigned:	12/27/2013	Date of Injury:	07/31/2009
Decision Date:	03/18/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/05/2013

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 and is licensed to practice in Texas, Nebraska, Michigan, and Indiana. 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 55-year-old female who reported an injury on 07/31/2009. The mechanism of injury was not specifically stated. The patient is currently diagnosed with left knee arthritis, left knee TKA, calcium pyrophosphate, and right knee ankylosis. The patient was seen by [REDACTED] on 10/03/2013. The patient reported improving right knee pain and increasing left knee pain. The patient has undergone a right total knee replacement on 01/18/2013. Physical examination revealed slight effusion, 5 to 115 degree range of motion, painful palpation on medial and lateral joint line, and painful patellofemoral compression testing. The patient also demonstrated positive McMurray's testing and positive Bounce Home testing. Plain films obtained of the left knee on that date indicated slight incongruence of the lateral femoral condyle, a small osteophyte at the lateral femoral condyle, changes at the medial tibial plateau, evidence of calcium pyrophosphate within the menisci, and possibility of some loose bodies in the lateral compartment. Treatment recommendations included a left total knee arthroplasty, postoperative therapy, Xarelto 10 mg, a home health evaluation, home health postoperative physical therapy, preoperative clearance, crutches and a walker, as well as a 3-day inpatient hospital stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Total Arthroplasty With Cardiac Clearance And Pre-Op Labs: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The 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. Official Disability Guidelines state knee joint replacement is indicated for patients with 2 out of 3 compartments that are affected. There should be a trial of conservative care including exercise therapy, medications, and visco supplementation or steroid injections. As per the documentation submitted, there is no evidence of less than 90 degree limited range of motion, nighttime joint pain, or a failure to respond to recent conservative treatment including visco supplementation or steroid injections. The patient's body mass index was not provided for review. There was no imaging studies provided for review. Additionally noted, it was documented by [REDACTED] on 11/14/2013, the patient's surgical intervention has been placed on hold pending an evaluation with [REDACTED] for the patient's placement in a skilled nursing facility postoperatively. Based on the clinical information received, the patient does not meet criteria for the requested procedure. Therefore, the request is noncertified.

Home Health Post-Operatively Physical Therapy 3x4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51, Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

A Walker: Upheld

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 Official Disability Guidelines (ODG) Knee & Leg Chapter, Walking Aids.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-Op Physical Therapy Outpatient (12 Session): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Xarelto 10mg X12 Tablets Post-Operatively: Upheld

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 Official Disability Guidelines (ODG) Knee & Leg Chapter, Venous Thrombosis .

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Inpatient Hospital Stay X 3 Days: Upheld

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 Official Disability Guidelines (ODG) Knee & Leg Chapter, Hospital Length of Stay.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.