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| Case Number: | CM13-0053249 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 03/26/2012 |
| Decision Date: | 05/19/2014 | UR Denial Date: | 10/21/2013 |
| Priority: | Standard | Application Received: | 11/18/2013 |

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 Pennsylvania. 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:

The claimant is a 56-year-old female who sustained an injury to the right knee in a work related accident on October 18, 2013. A recent orthopedic progress report from [REDACTED], noted continued complaints of right knee pain; physical examination showed restricted range of motion to 105 degrees of flexion, tenderness to the medial and lateral aspect of the knee and a +1 joint effusion. The claimant was noted to be status post a prior tibial plateau fracture with surgical fixation. Recent plain film radiographs of the right knee demonstrated significant osteoarthritic change. The claimant was noted to have failed corticosteroid and viscosupplementation injections. The claimant's body mass index as of December 2013 was 36. Given ongoing complaints, right total knee arthroplasty was recommended. This review addresses requests for the noted surgery, a three-day inpatient stay, preoperative medical clearance, surgical clearance and right knee hardware removal.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT TOTAL KNEE ARTHROPLASTY: Overturned

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 & Leg (updated 6/7/13) 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) TREATMENT IN WORKER'S COMP, 18TH EDITION, 2013 UPDATES: KNEE PROCEDURE - KNEE JOINT REPLACEMENT

Decision rationale: California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. The Official Disability Guidelines support this request for right total knee arthroplasty. The records show that the claimant has failed considerable conservative care and has well-documented post-traumatic osteoarthritic change. The claimant's BMI is only mildly elevated. However, given the extent of her end-stage degenerative arthritis and previous tibial plateau fracture and open reduction internal fixation, the request for right total knee arthroplasty would be supported as medically necessary.

IN PATIENT STAY 3 DAYS: Overturned

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 & Leg (updated 6/7/13) Hospital length of stay (LOS).

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 - KNEE JOINT REPLACEMENT

Decision rationale: MTUS guidelines are silent. Official Disability Guidelines would support the role of a three day inpatient stay as a need for operative process has been established. The request for right total knee arthroplasty is established as medically necessary. The surgery would support the need for a three-day inpatient stay as medically necessary.

PRE-OP MEDICAL CLEARANCE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines.gov.,Preoperative Evaluation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: The California ACOEM Guidelines would also support the role of preoperative medical clearance given the nature of the surgical process, the need for anesthesia and appropriate need for preoperative monitoring. Pre-Op Medical Clearance is medically necessary and appropriate.

SURGICAL CLEARANCE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines.gov.,Preoperative Evaluation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: MTUS guidelines would also support "surgical clearance." This would be highly consistent with the medical clearance request in question #3. The role of surgical clearance would be supported. Surgical clearance is medically necessary and appropriate.

RIGHT KNEE HARDWARE REMOVAL: Overturned

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 (updated 6/7/13) Hardware implant removal (fracture fixation).

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 - HARDWARE IMPLANT REMOVAL (FRACTURE FIXATION)

Decision rationale: The CA MTUS and ACOEM Guidelines do not address the need for hardware removal. Based upon the Official Disability Guidelines, hardware removal in this case would be supported. The claimant underwent surgical repair of a tibial plateau fracture in the past. Prior to performing implementation of the total joint hardware, it is necessary to remove the hardware from the tibial plateau fracture repair. Therefore, the request for right knee hardware removal is medically necessary.