

Case Number:	CM13-0056967		
Date Assigned:	12/30/2013	Date of Injury:	09/17/2013
Decision Date:	05/15/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/25/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Ohio. 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 injured worker is a 55-year-old male who reported an injury on 09/17/2013, while stepping out of a shipping container. The current diagnoses include arthritis of the right knee, meniscus injury, and knee pain. The injured worker was evaluated on 10/28/2013. The injured worker reported persistent right knee pain. Physical examination was not provided. X-rays obtained on 09/18/2013, indicated right knee severe degenerative joint disease. The treatment recommendations included a total knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

SURGERY: RIGHT 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), Indications for Surgery: Knee arthroplasty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Knee Joint Replacement.

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. The Official Disability Guidelines (ODG) state knee arthroplasty is indicated for patients with 2 out of 3 compartments affected. Conservative care should include exercise therapy and medications, as well as viscosupplementation or steroid injections. As per the documentation submitted, there was no physical examination provided on the requesting date. There is no evidence of less than 90 degree range of motion, night time joint pain, or functional limitations. The injured worker's body mass index was also not provided for review. There is no mention of a failure to respond to conservative treatment including physical therapy, medications, and injections. There were also no imaging studies provided for review. Based on the aforementioned points, the injured worker does not meet criteria for the requested surgical procedure. Therefore, the request is non-certified.

PREOPERATIVE LABS AND EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Orthopedic Knowledge update 9, Fischgrund, Editor, Chapter 9, pg. 105.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Knee Joint Replacement.

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

PRE-OPERATIVE CLEARANCE:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA (2007) Guidelines (<http://circ.ahajournals.org/cgi/content/full/116/17/e418>), and Practice Advisory for Pre-anesthesia Evaluation: A report by the American Society of Anesthesiologist Task Force on Pre-anesthesia evaluation

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Knee Joint Replacement.

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