

<b>Case Number:</b>	CM13-0058194		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/13/1998
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 California. 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, a 64-year-old gentleman, sustained an injury to his left leg in an October 13, 1998, work-related accident. A November 1, 2013, assessment indicates continued left knee pain, as well as difficulty with weight-bearing and activities of daily living. The physical examination findings include tenderness to palpation with restricted motion at endpoints and positive effusion. The report of radiographs obtained on August 15, 2013, show tricompartmental degenerative arthrosis, most severe in the medial and patellofemoral compartments. The records available for review document treatment with corticosteroid injections, medication management and physical therapy. The claimant's height and weight are not noted in the records. This request is for left total knee arthroplasty, a three-day inpatient stay, pre-operative medical clearance, a one-week stay in a skilled nursing facility, TED hose, pre-operative CHEM 7 and CBC testing, and preoperative EKG testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT 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) TREATMENT IN WORKER'S COMP, 18TH EDITION, 2013 UPDATES: KNEE PROCEDURE - KNEE JOINT REPLACEMENT

**Decision rationale:** The Official Disability Guidelines indicate, "Total hip and total knee arthroplasties are well accepted as reliable and suitable surgical procedures to return patients to function. The most common diagnosis is osteoarthritis." While the reviewed records note that the claimant failed corticosteroid injections and has a diagnosis of tricompartmental degenerative changes, the claimant's body mass index (BMI) is not provided. The Guidelines only recommend the medical necessity of this surgery for a claimant with a BMI of less than thirty-five (35). Without the BMI information, the request for total knee arthroplasty cannot be supported as medically necessary.

**INPATIENT THREE (3) DAY 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.

**PRE-OPERATIVE CLEARANCE FOR SURGERY:** 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.

**SKILLED NURSING FACILITY FOR ONE (1) WEEK STATUS POST LEFT TOTAL KNEE ARTHROPLASTY (TKA):** 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.

**TED HOSE- THIGH OPPOSITE LEG ONLY:** 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.

**PRE-OPERATIVE TESTING: CHEMISTRY 7 AND COMPLETE BLOOD COUNT (CBC): 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.

**PRE-OPERATIVE TESTING: ELECTROCARDIOGRAM (EKG): 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.