

Case Number:	CM13-0059287		
Date Assigned:	06/30/2014	Date of Injury:	11/10/1999
Decision Date:	07/29/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/12/2013

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 is a 54-year-old female who sustained a right knee injury on November 10, 1999. She was diagnosed with advanced degenerative arthritis in the right knee. An October 22, 2013, progress report reflects physical examination findings of joint line tenderness and restricted motion. The claimant's body mass index is noted to be 43. The records state that conservative care, including medications, injections, activity modification and work restrictions, have failed to control symptoms. A December 12, 2013, report documents continued complaints of knee pain and describes an antalgic gait and tenderness. No other physical findings are noted. The records also state that the claimant had been advised to consider bariatric surgery for weight loss due to morbid obesity. This review request is for a right total joint arthroplasty, 12 sessions of post-operative physical therapy, post-operative continuous passive motion, and preoperative cardiac testing and consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

A right total knee arthroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

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 California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Under the Official Disability Guidelines, total knee arthroplasty would not be indicated in this case. The records note that the claimant is morbidly obese, with a body mass index of 43. ODG Guidelines do not recommend joint arthroplasty in claimants with a body mass index in excess of 35. Because the claimant's BMI exceeds 35, this request would not be supported.

Postoperative physical therapy times 12: 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

Continuous Passive Motion: 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.

Preoperative cardiac testing & consultation: 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.