

Case Number:	CM13-0060987		
Date Assigned:	12/30/2013	Date of Injury:	04/19/2013
Decision Date:	04/18/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/04/2013

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 73 year old male sustained a femoral neck fracture when he fell off of a truck in a work related accident on April 19, 2013. The claimant was treated with a left hip hemiarthroplasty. The documentation indicated on the September 27 2013 follow-up that the claimant's hip was doing well postoperatively but he continued to have right knee pain diagnosed as advanced degenerative arthritis. It was documented the knee was aggravated by the fall. Recent care included passage of time, medication management, therapy and a steroid injection that did not provide significant relief. Radiographs were reviewed from a previous assessment on May 6, 2013 and documented to reveal medial bone on bone articulation. The MTUS Guidelines are silent when looking at the Official Disability Guidelines total joint arthroplasty would not be indicated. The current clinical picture does not support recent conservative measures other than an isolated corticosteroid injection to the knee. Given the claimant's short period of time from aggressive hip surgery which did require significant degree of deconditioning the absence of significant conservative measures would fail to indicate the need for arthroplasty in this setting. This request is not indicated. 2. Also based on Official Disability Guidelines a four day inpatient stay would not be indicated as the need for operative intervention is not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOTAL KNEE REPLACEMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 2013 Knee and Leg Chapter and ODG Indications for Surgery--Knee arthroplasty

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp, 18th edition, 2013 Updates: knee procedure - knee joint replacement.

Decision rationale: The CA MTUS and ACOEM Guidelines are silent. The Official Disability Guidelines for total joint arthroplasty of the knee would not support the proposed surgery. The documentation for review does not identify recent conservative measures other than an isolated corticosteroid injection to the knee. Given the claimant's short period of time after aggressive hip surgery which would have caused a significant degree of deconditioning and the absence of documentation of significant conservative measures, the records do not support the proposed total knee replacement.

4 DAY HOSPITAL STAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Indications for Surgery--Knee Arthroplasty: Criteria for knee joint replacements

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp, 18th edition, 2013 Updates: knee procedure - hospital length of stay

Decision rationale: The request for a total knee replacement is not recommended as medically necessary. Therefore, the request for a four day inpatient stay would not be indicated.

12 SESSIONS OF POST-OP PHYSICAL THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The request for total knee replacement is not recommended as medically necessary. Therefore, the request for postoperative physical therapy is also not indicated.