

Case Number:	CM13-0061810		
Date Assigned:	06/20/2014	Date of Injury:	02/07/2001
Decision Date:	07/30/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/05/2013

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 Texas. 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 56-year-old male who reported an injury on 02/26/2001. The injured worker had a total knee replacement revision on 01/17/2013. Other treatments included physical therapy, activity modifications, and medications. The injured worker underwent a nerve block on the right knee that gave relief for approximately 12 days. The mechanism of injury was the injured worker fell off of a tailgate. It was indicated the injured worker had a spinal stimulator implant, ankle fixation, and right knee replacement as well as multiple spinal procedures. The documentation of 09/17/2013 revealed the injured worker had almost full extension in the left knee. The injured worker had mild retropatellar crepitation and the ligaments appeared stable. The x-rays revealed osteoarthritis in the left knee. The diagnosis was osteoarthritis, unspecified lower leg. The treatment plan included the left knee. The documentation of 10/18/2013 revealed the injured worker's examination findings and treatment options were discussed, and a total knee replacement was recommended. Additionally, a course of physical therapy was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total left 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 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) Knee & Leg Chapter, Knee Joint Replacement.

Decision rationale: The ODG recommend a unicompartmental or partial replacement if only 1 compartment is affected and if 2 of the 3 compartments were affected, a total joint replacement would be indicated. There should be documentation of exercise therapy and medications and limited range of motion, nighttime joint pain, and no relief with conservative care and documentation of the injured worker's current functional limitations demonstrating the necessity for intervention plus the injured worker should be over 50 years of age and have a body mass index of less than 35. There should be documentation of osteoarthritis on standing x-rays. The clinical documentation submitted for review indicated the injured worker was over 50 and the injured worker had osteoarthritis on standing x-ray. However, there was lack of documentation of limited range of motion, exercise therapy, medications, nighttime joint pain, and no relief with conservative care as well as documentation of current functional limitations. Given the above, the request for a total left knee replacement is not medically necessary.

Lovenox 40 mg Quantity: 10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference (PDR).

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.