

Case Number:	CM13-0063053		
Date Assigned:	12/30/2013	Date of Injury:	10/28/1998
Decision Date:	04/25/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/09/2013

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 64-year-old who injured the right knee in a work related accident on October 28, 1998. The clinical records provided for review documented that the claimant is status post bilateral knee injuries for which she had undergone arthroscopic intervention in 1999 for a meniscectomy with continued complaints of pain. Recent medical evaluation on October 15, 2013 documented continued complaints of pain particularly to the right knee with physical examination demonstrating gross crepitation and tenderness to palpation and limited range of motion from 0 to 95 degrees. The claimant was diagnosed with advanced degenerative joint disease. Recommendation was made for right total knee arthroplasty. It was also noted he claimant was status post a left total knee arthroplasty in 2011. Radiographs of the right knee documented medial compartment "destruction". Conservative care in regards to the claimant's knee was not well noted at the last clinical assessment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right 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) 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- Treatment in Worker's Comp, 18th edition, 2013 Updates: knee procedure - Knee joint replacement.

Decision rationale: Based on Official Disability Guideline criteria, as California ACOEM and MTUS Guidelines are silent, the recommendation for total joint arthroplasty would not be indicated. While the claimant is documented to have end stage degenerative change in the medial compartment, there is insufficient documentation that the claimant has failed all conservative care. Particularly there is no indication of a recent injection procedure for a corticosteroid or viscosupplementation. The absence of the above documentation would fail to necessitate the surgical process as requested.

Inpatient Times Three Days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Knee and Leg, Length of Stay (LOS).

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: For average hospital LOS if criteria are met, see Hospital length of stay (LOS). See also Skilled

Decision rationale: The proposed total knee arthroplasty cannot be recommended as medically necessary. Therefore, an inpatient stay would not be necessary.

RN evaluation in home: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain: Home health services Page(s): 51.

Decision rationale: The proposed total knee arthroplasty cannot be recommended as medically necessary. Therefore, the request for a home health assessment by a registered nurse would not be necessary.

Physical Therapy three times four: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CAa MTUS 2009, Post-Surgical Treatment Guidelines, Knee, page 24.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Post-Surgical Treatment Guidelines 2009: Arthritis (Arthropathy, unspecified)

Decision rationale: The proposed total knee replacement cannot be recommended as medically necessary. Therefore, the request for postoperative physical therapy would not be necessary.