

Case Number:	CM13-0063566		
Date Assigned:	12/30/2013	Date of Injury:	08/15/1974
Decision Date:	06/04/2014	UR Denial Date:	11/26/2013
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 patient is a 74 year old male who was injured on 08/15/1974. He sustained a work injury which includes bilateral knee pain, shoulder pain, and low back pain. Therapy progress note dated 10/14/2013 reports the patient has received 13 of 16 authorized treatments of therapeutic exercise for range of motion, strength, and home program instruction; manual therapy for soft tissue mobilization and stretching, gait training and modalities. The patient reports knee pain and weakness in the knees continues with swelling in both knees, especially the right. Bilateral thigh pain and weakness is noted after prolonged standing and walking, especially on uneven ground. Aggravating activities are walking, standing, climbing steps and walking down inclines. Objective findings on exam revealed range of motion of the patient's left knee is improved from 0 to 118-120 degrees. His strength of bilateral knees/quads is 4-/5 and hamstrings are 4-/5. He has limited soft tissue mobility of the left lateral thigh and calf. The patient's gait exhibits a wide base with limited swing and stance, along with his stride without the use of assistive devices on level and uneven surfaces. The assessment is status post knee TKR with limitations in range of motion, strength, gait and balance. PR2 dated 09/09/2013 indicates the patient presents with complaints of bilateral knee pain, rating the left knee pain at 8-9/10 and on the right at 5/10. He is able to do light housekeeping, yard work, grocery shopping, and he does physical therapy two times a week. He was recommended for a left knee replacement with possible cleanup of the right knee. The patient wants to wait until after the first of the year, due to having to be in a rehab hospital for two months after the surgery. He had difficulty with flexion, crepitus, and edema. The assessment is bilateral knee pain, chronic pain syndrome, and opioid dependence. Orthopedic note dated 08/07/2013 states the patient's left knee has a moderate amount of early loosening of the femoral and tibial components. Long term, he needs to have a left knee revision at some point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT TOTAL KNEE REVISION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines/Disability Duration Guidelines (DDG), Knee & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Knee & Leg, Knee Joint Replacement.

Decision rationale: CA MTUS/ACOEM guidelines do not discuss the issue in dispute and hence ODG have been consulted. According to the Official Disability Guidelines, 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. Overall, total knee arthroplasties were found to be quite effective in terms of improvement in health-related quality-of-life dimensions, with the occasional exception of the social dimension. The guidelines state revision total knee arthroplasty is an effective procedure for failed knee arthroplasties based on global knee rating scales, and would be recommended for failure of the originally approved arthroplasty. The medical records do not document current subjective complaints and clinical objective findings that support the request. There is also no corroborative diagnostics that substantiate the necessity of this request. The medical necessity has not been established.

ELECTROCARDIOGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines/Disability Duration Guidelines (DDG), Knee & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Low Back Preoperative Electrocardiogram.

Decision rationale: The ODG states electrocardiogram is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgeries who have additional risk factors. In this case, the medical records do not support the requested surgical intervention. Consequently, the requested pre-operative studies are not indicated.

COMPLETE BLOOD COUNT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines/Disability Duration Guidelines (DDG), Knee & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Preoperative Testing General.

Decision rationale: The ODG states preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures. However in this case, the medical records do not support the requested surgical intervention. Consequently, the requested pre-operative lab studies are not indicated.

RENAL FUNCTION PANEL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Official Disability Guidelines/Disability Duration Guidelines (DDG), Knee & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Preoperative Testing, General.

Decision rationale: The ODG states preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures. However in this case, the medical records do not support the requested surgical intervention. Consequently, the requested pre-operative lab studies are not indicated.

PROTHROMBIN TIME AND PARTIAL THROMBOPLASTIN TIME: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Official Disability Guidelines/Disability Duration Guidelines (DDG), Knee & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Preoperative Testing General.

Decision rationale: The ODG states preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures. However in this case, the medical records do not support the requested surgical intervention. Consequently, the requested pre-operative lab studies are not indicated.

2 DAY HOSPITAL STAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Official Disability Guidelines/Disability Duration Guidelines (DDG), Knee & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hospital Length Of Stay.

Decision rationale: The ODG recommends the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The medical records do not support the requested surgical intervention. Consequently, the hospital stay is not warranted.

ASSISTANT SURGEON: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Official Disability Guidelines/Disability Duration Guidelines (DDG), Knee & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The medical records do not support the requested surgical intervention. Consequently, the request for assistant surgeon is not warranted.