

Case Number:	CM13-0068860		
Date Assigned:	01/03/2014	Date of Injury:	04/14/2005
Decision Date:	06/27/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/20/2013

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 64 year old female employee of [REDACTED] and has submitted a claim for degenerative arthritis of both knees associated with an industrial injury date of 04/14/2005. Treatment to date has included physical therapy, steroid injections of both knees, and medications such as Duexis, Vicodin, and Motrin. Medical records from 2007 to 2013 were reviewed showing the patient complained of chronic bilateral knee pain, right worse than left, associated with giving way, weakness, and instability. This resulted to difficulty walking with significant limitation in her activities of daily living. Physical examination showed tenderness over the medial joint line and medial collateral ligament with increased laxity to valgus stress. Compression tenderness with crepitation, grating, and 1+ effusion were noted. There were range of motion deficits: 10 degrees of extension loss on the right side, and 20 degrees of flexion loss bilaterally. There was patellar tilt, and lateral excursion of the patella upon full extension. Biokinetic testing revealed grade 4+ weakness of the quadriceps and IT bands of both knees. Provocative testing revealed negative Lachman test, McMurray test, or Apley test. Sensation was intact. X-rays of the bilateral knees on 05/12/2007 revealed moderate patellofemoral disease medially with joint line narrowing; laterally, the joint surface was maintained; and mild-to-moderate patellofemoral narrowing. An MRI of the right knee on 09/23/2005 revealed a 1.0 - 1.5 cm displaced longitudinal tear involving the body of medial meniscus; mild to moderate patellofemoral compartment and medial compartment osteoarthritis; and small joint effusion. A utilization review determination from 12/05/2013 denied the request for total knee arthroplasty, left knee then right knee, because the patient was previously diagnosed with morbid obesity and there was no recent documentation regarding her present weight. Furthermore, inpatient length of stay, post-op follow-up appointment, preoperative labs

CBC, CMP, EKG, chest X-ray; and post-operative PT 12 sessions were likewise denied since the surgical procedure was initially deemed not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

1) TOTAL KNEE ARTHROPLASTY, LEFT KNEE THEN RIGHT KNEE,: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The ODG criteria for TKR include conservative care including Visco supplementation injections or steroid injections, limited range of motion, nighttime joint pain, and no pain relief with conservative care; over 50 years of age and a Body Mass Index (BMI) of less than 35; and osteoarthritis on imaging or arthroscopy report. In this case, the patient has persistent bilateral knee pain, diagnosed as a case of degenerative arthritis which is corroborated by imaging findings. The patient was advised for a total knee replacement since 2012. However, a progress report in 2005 stated that the patient has morbid obesity. This is further supported by a report on 02/28/2012 stating that patient weighed 294 pounds and needed to lose 80-100 pounds more before she can have the surgery. Medical records submitted and reviewed do not document the patient's height, thus, a body mass index cannot be derived. Recent progress reports likewise do not document the patient's current weight. It is unknown if the patient already meets the requirement of a less than 35 BMI per guideline recommendations. Therefore, the request for total knee arthroplasty, left knee then right knee, is not medically necessary and appropriate.

2) INPATIENT LENGTH OF STAY,: 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.

PRE-OPERATIVE LABS CBC, CMP, EKG, CHEST X-RAY,: 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.

POST-OPERATIVE FOLLOW-UP APPOINTMENT: 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.

POST-OPERATIVE PHYSICAL THERAPY X 12 SESSIONS: 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.