

Case Number:	CM14-0002123		
Date Assigned:	04/11/2014	Date of Injury:	10/29/2012
Decision Date:	05/27/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	01/07/2014

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 60-year-old gentleman who sustained a right knee injury on October 29, 2012. Records indicate the claimant received an arthroscopy with partial medial and lateral meniscectomy, synovectomy and tricompartmental chondroplasty on June 23, 2013. Postoperative records document that the patient received physical therapy and a corticosteroid injection to address continued complaints of pain. November 26, 2013, follow-up examination demonstrated tenderness about the medial joint line, restricted range of motion, an antalgic gait and a continued effusion. Plain film radiographs on the same date showed mild varus deformity with tricompartmental degenerative arthrosis. At last assessment, the claimant's height was 5' 6"; weight was 290 pounds for a body mass index of 44. This request is for a total right knee arthroplasty with a three-day inpatient length of stay and use of computer-assisted navigation.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOTAL RIGHT KNEE ARTHROSCOPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) INDICATIONS FOR SURGERY-KNEE ARTHROPLASTY: CRITERIA FOR KNEE JOINT REPLACEMENT.

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 California MTUS/ACOEM Guidelines are silent. The Official Disability Guidelines do not support the use of total joint arthroplasty in this case because of the individual's BMI of 44 and the lack of documented postsurgical care since his June 2013 procedure. Records show that claimant underwent physical therapy and an isolated corticosteroid injection; there is no documentation of viscosupplementation. Therefore, the request for a total knee arthroscopy is not medically necessary and appropriate.

THREE (3) DAY INPATIENT 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 (ODG) HOSPITAL LENGTH OF STAY (LOS) GUIDELINES

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.

COMPUTER ASSISTED NAVIGATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE COMPUTER ASSISTED SURGERY.

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.