

Case Number:	CM14-0115020		
Date Assigned:	08/04/2014	Date of Injury:	05/11/2013
Decision Date:	09/10/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/23/2014

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 54 year-old male injured in a May 11, 2013, work-related accident. The records provided for review document an injury to the left knee. A July 2, 2013, MRI scan shows a chronic anterior cruciate ligament tear, degenerative chondromalacia to the trochlear groove, and a small, full thickness defect of the medial femoral condyle and lateral tibial plateau. A July 8, 2014 progress report describes continued complaints of left knee pain and notes that the claimant is unable to walk excessive distance without pain. Physical examination showed a BMI of 40, a moderate effusion and restricted motion from 0 to 115 degrees with instability. Conservative care has consisted of surgical arthroscopy, activity restrictions and injections, including viscosupplementation. The claimant's past medical history is significant for coronary artery disease with history of myocardial infarction, diabetes and hypertension. This request is for left knee arthroplasty; an assistant surgeon; two units of autologous blood; preoperative medical clearance; the postoperative use of a CPM device; the postoperative use of a front-wheeled walker; the postoperative use of a bedside commode; two weeks of postoperative home health care or a two week stay in a skilled nursing facility; preoperative blood testing; 12 sessions of postoperative physical therapy; a postoperative physical therapy evaluation; postoperative unspecified prescriptions; and a preoperative urinalysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee total knee replacement , Inpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, 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) Knee & Leg Chapter, Knee joint replacement.

Decision rationale: The Official Disability Guidelines indicate that for a knee arthroplasty, there should be documentation of exercise therapy and medications or viscosupplementation injections plus documentation of limited range of motion of less than 90 degrees for a total knee replacement. There should be documentation of night time joint pain and no pain relief with conservative care and documentation of current functional limitations demonstrating the necessity for intervention plus the injured worker should be over 50 and have a body mass index of less than 35. The injured worker should have chondral erosion on a previous arthroscopy. The injured worker was over 50 years of age and had findings of a chondral lesion on a prior arthroscopy. The clinical documentation submitted for review indicated the injured worker continued to have symptoms after viscosupplementation and therapy. There was a lack of documentation, however, of limited range of motion less than 90 degrees and night time joint pain. There was a lack of documentation of current functional limitations demonstrating the necessity for intervention. The body mass index was 40. This request would not be supported. Given the above, the request for left knee total knee replacement, inpatient, is not medically necessary.

Assistant surgeon: 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.

Two (2) units of auto blood: 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.

Medical clearance (unspecified): 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.

CPM machine: 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.

Front wheel walker: 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.

Bedside Commode: 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.

Home health or skilled nursing facility for two (2) weeks:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hospital length of stay (LOS).

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.

Preoperative blood testing (unspecified): 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.

Postoperative physical therapy for 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Knee joint replacement.

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.

Physical therapy evaluation: 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.

Unknown RX (prescription(s)): 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.

Preoperative Urinalysis (unspecified):

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.

Preoperative EKG:

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.