

Case Number:	CM14-0115581		
Date Assigned:	08/04/2014	Date of Injury:	10/29/2011
Decision Date:	09/10/2014	UR Denial Date:	07/03/2014
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 Pennsylvania. 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 50-year-old female who injured her right knee on October 29, 2011, when she fell off a bicycle. The records available for review document right knee degenerative joint disease, for which the claimant has undergone prior arthroscopy. Recent treatment for the right knee has included injection therapy, visco supplementation and activity restrictions. A June 26, 2014, follow-up report described continued complaints of pain with weakness. Physical examination showed negative McMurray's sign, 3 to 95 degrees range of motion, and both medial and lateral joint line tenderness. There is no documentation of prior infection, body mass index or further imaging. Based on failed conservative care and continued symptoms, this request is for right knee arthroplasty, a preoperative tagged white blood cell scan, 12 sessions of post-operative physical therapy and preoperative laboratory testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Smith & Nephew TKA QTY:1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Knee joint replacement.

Decision rationale: California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on Official Disability Guidelines criteria, right knee arthroplasty would not be established as medically necessary based on the information provided. The reviewed records note a diagnosis of osteoarthritis and failed conservative care; however, there is no documentation of the degree of underlying osteoarthritic changes or indication of a body mass index lower than 35. Absent of that information, this request for operative intervention is not medically necessary.

Post-OP Physical Therapy 2x6 QTY:12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The request for right knee arthroplasty is not established as medically necessary. Therefore, the request for 12 sessions of post-operative physical therapy is not medically necessary.

Tagged white blood cell scan QTY:1: 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) Treatment in Worker's Comp, 18th Edition, 2013 Updates: Knee procedure - Bone scan (imaging).

Decision rationale: If the request for a bone scan or tagged white cell scan is related to the right knee arthroplasty, this study would not be medically necessary because the surgery is not established as medically necessary. If the study is unrelated to the surgery, the Official Disability Guidelines would not support this request, either, as there is no indication in the records of an infection. This request is not medically necessary.

PreOp labs to check for infections QTY:1: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: The request for right knee arthroplasty is not established as medically necessary. Therefore, the request for preoperative laboratory testing is not medically necessary.