

Case Number:	CM14-0119517		
Date Assigned:	08/06/2014	Date of Injury:	05/07/2011
Decision Date:	09/17/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/28/2014

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:

This is a 53-year-old male claimant with a reported industrial injury on May 7, 2011. The claimant has been diagnosed with osteoarthritis of the right knee. An MRI of left knee obtained on July 13, 2011 discloses a medial meniscus tear with moderate to moderately advanced cartilage thinning in the medial compartment. Agreed medical examination on September 26, 2012 notes that the claimant underwent left knee arthroscopy, partial medial meniscectomy, and chondroplasty of the trochlea in August 2011. Examination note from April 4, 2014 demonstrates complaints of bilateral knee pain. Active range of motion of the right and left knee was noted to be from 110. The claimant was noted have a slightly antalgic gait which was wide based. Radiographic analysis demonstrates tricompartmental osteoarthritis with moderate narrowing of the medial compartment of the right knee. Exam note from 6/11/14 demonstrates claimant is 5 feet inches and 260 lbs. with a body mass index of 36.3. The claimant is noted to have an antalgic gait with severe progressive arthritis involving both knees. Exam notes 3+ crepitus with grinding and pain with 2+ effusion from the knees. Weight bearing radiographs from June 11, 2014 demonstrate severe bone-on-bone deformity of the medial compartment and patellofemoral region of both knees. Claimant has been noted to have injections, anti-inflammatories, and pain medications in the past and continues to be symptomatic, despite conservative care. Request is made for a right total knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

One preoperative electrocardiogram.: 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 clearance for surgery.: 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.

One prospective 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.

One right total knee replacement: 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 Arthroplasty.

Decision rationale: CA MTUS/ACOEM is silent on the issue of total knee replacement. According to the Official Disability Guidelines regarding Knee arthroplasty: Criteria for knee joint replacement which includes conservative care with subjective findings including limited range of motion less than 90 degrees. In addition the patient should have a BMI of less than 35 and be older than 50 years of age. There must also be findings on standing radiographs of significant loss of chondral clear space. The clinical information submitted demonstrates insufficient evidence to support a knee arthroplasty in this patient. There is no documentation from the exam notes from 4/14/14 or 6/11/14 of increased pain with initiation of activity or

weight bearing. There are no records in the chart documenting when physical therapy began or how many visits were attempted. There is no evidence in the cited examination notes of limited range of motion less than 90 degrees. In addition the claimant's BMI of 36.3 exceeds guideline recommendation of less than 35. Therefore, the guideline criteria have not been met and the determination is that the request is not medically necessary.

Prospective request for three day inpatient 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.