

Case Number:	CM14-0123160		
Date Assigned:	08/13/2014	Date of Injury:	02/16/2014
Decision Date:	12/09/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/04/2014

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 Minnesota. 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 injured worker is a 55 year old male with a history of gout and osteoarthritis of the right knee. He has popliteal pain. He is using an unloader brace and a cane. He has tried medications, a cortisone injection, and activity modifications. He was injured while loading some equipment onto the tailgate of his truck. The load shifted while his foot was firmly planted injuring his knee. That evening he noticed swelling, popping, locking, and giving way. The injured worker underwent x-rays on 03/30/2014 which revealed mild spurring of the patellofemoral joint and mild loss of the medial joint space height. On 3/14/2014 an MRI scan revealed a complex tear of the posterior horn of the medial meniscus and articular cartilage loss under the tear. There was an effusion present. He was re-evaluated with new x-rays on 4/4/2014 and severe osteoarthritis was noted. The knee was injected with corticosteroids. A total knee arthroplasty was requested but denied by UR for reasons of no Physical therapy or supervised home exercise program, no documentation of night time joint pain, and no documentation of current functional limitations. The progress note of 9/12/2014 documents use of a cane and unloader brace but the necessary physical medicine guidelines of a supervised program of physical therapy or a supervised home exercise program and documentation of night time joint pain per guidelines are not mentioned. The BMI is less than 40 which satisfies the new criteria.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total arthroplasty right knee: 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

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

Decision rationale: CA MTUS does not address the indications for a total knee arthroplasty. ODG indications are very specific. Evidence of osteoarthritis in 2 or more compartments, AND conservative care with supervised physical therapy and/or home rehab exercises AND medications, viscosupplementation, OR steroid injections, PLUS Subjective: ROM less than 90 degrees, night time joint pain, AND no pain relief with conservative care, AND documentation of current functional limitations demonstrating need for intervention PLUS Objective: Age over 50, BMI less than 40, PLUS Imaging evidence of osteoarthritis or arthroscopic evidence. The worker still does not meet the requirement of a satisfactory trial of Physical Medicine, documentation of night time pain, and range of motion less than 90 degrees. Based upon the above guidelines the medical necessity of a total knee arthroplasty is not established. Therefore, the request is not medically necessary.

Post-op physical therapy 3x6 weeks: 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.

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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 wheeled 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.

Pre-op medical clearance and labs to include EKG: 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), Preoperative testing

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.