

Case Number:	CM14-0133324		
Date Assigned:	08/22/2014	Date of Injury:	08/05/2003
Decision Date:	10/02/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/20/2014

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 injured worker is a 57 year old female who sustained an injury to her right knee on 08/05/03. The mechanism of injury was not documented. The clinical note dated 07/23/14 reported that the injured worker last worked in 2003 and last collected workers compensation benefit in March 2012. The injured worker is currently on Social Security and has gained over 100 pounds. The injured worker currently weighs 275 pounds. Physical examination noted knee extension 120 degrees right, flexion 90 degrees right; positive compression testing, more right than left; negative inhibition test; positive patellar tilt test bilaterally. The injured worker was diagnosed with trochanteric bursitis of the right knee, was treated with injection, but had an exacerbation when she fell. The injured worker also carries a diagnosis of internal derangement of the knee on the right status post two arthroscopies with chondromalacia and meniscectomy. The injured worker had 1mm articular surface left. Hyalgan injection was not helpful. Injections were very helpful in the past and the injured worker was contemplating total knee replacement. There was no imaging study of the right knee provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right total knee replacement between 8/5/14 and 9/19/14: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg chapter, Knee Joint Replacement.

Decision rationale: Current guidelines state that increased body mass index (BMI) poses elevated risk for post-operative complications. In addition, there must be imaging studies documenting significant loss of chondral clear space and at least one of three compartments with varus/valgus deformity as an indication with additional strength. While it was noted from the clinical information submitted that the injured worker participated in multiple methods of conservative care with no significant functional improvement including physical therapy, medications and hyaluronic injections with no relief, it was also noted the patient has elevated BMI of 43.1. The criteria states that the injured worker must have BMI of less than 35, as this poses elevated risks for post-operative complications. Given this, the request for right total knee replacement between 08/05/14 and 09/19/14 is not medically necessary.

Pre operative labs (CBC, CMP, Coagulation panel, PTT, Blood type cross match 2 units packed cells between 8/5/14 and 9/19/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Low Back chapter, Preoperative Lab Testing.

Decision rationale: However, given as though the surgical procedure has not been deemed as medically necessary, there is no medical necessity for the requested pre-operative labs. After reviewing the submitted clinical documentation, there is no additional significant objective clinical information that would support reverse of the previous adverse determination. Given this, the request for pre-operative labs (Complete Blood Count, Comprehensive Metabolic Panel, coagulation panel, Partial Thromboplastin Time, blood type cross match 2 units packed cells) between 8/5/14 and 9/19/14 is not indicated as medically necessary.

Co surgeon between 8/5/14 and 9/19/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American Association of Orthopaedics Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics

Decision rationale: The request for co-surgeon between 08/5/14 and 09/19/14 is not medically necessary. As the procedure is not deemed medically appropriate at this time, the requested co-

surgeon is also not warranted. After reviewing the clinical documentation, there was no additional significant objective clinical information provided that would support reversing the previous adverse determination. Given this, the request for co-surgeon between 08/5/14 and 09/19/14 is not indicated as medically necessary.

Pre operative medical clearance with history and physical exam between 8/5/14 and 9/19/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Preoperative testing, general

Decision rationale: The request for pre-operative medical clearance with history and physical exam between 08/05/14 and 09/19/14 is not medically necessary. After reviewing the submitted clinical documentation, there is no objective significant clinical information that would support reversing the previous adverse determination. Given this, the request for pre-operative medical clearance with history and physical exam between 08/05/14 and 09/19/14 is not indicated as medically necessary.