

Case Number:	CM14-0148772		
Date Assigned:	09/18/2014	Date of Injury:	05/02/2012
Decision Date:	12/04/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/12/2014

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 Texas. 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 who reported an injury on 05/02/2012. The mechanism of injury was not submitted for clinical review. The diagnoses included severe osteoarthritis of the right knee, advanced degenerative joint disease of the right knee. The previous treatments included medication, physical therapy, injection, partial medial meniscectomy. Diagnostic testing included an MRI of the right knee dated 07/08/2014. Within the clinical note dated 07/31/2014, it was reported the injured worker complained of continued pain in the right knee. He rated his pain a 5/10 in severity. He complained of worsening pain with stairs and long walking. Upon examination of the injured worker's right knee, range of motion was noted to be flexion at 110 degrees and extension at 0 degrees. There was tenderness to palpation over the lateral joint line and the medial joint line and anterior aspect of the knee. The provider indicated the injured worker had sensation intact to light touch and pinprick in all dermatomes in the bilateral lower extremities. The provider recommended a total knee replacement of the right knee. However, a rationale was not submitted for clinical review. The Request for Authorization was submitted and dated 04/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee total replacement surgery with 4 days inpatient: 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), Treatment Index, 12th Edition (web), 2014, Knee & Leg- Hospital length of stay

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, Knee joint replacement, Hospital length of stay LOS

Decision rationale: The request for total knee replacement inpatient surgery times 4 days is not medically necessary. The Official Disability Guidelines note the criteria for total knee replacement includes failure of conservative care, including exercise therapy, physical therapy, home rehabilitation exercise, medications, and supplemental injections or steroid injections; subjective findings of limited range of motion less than 90 degrees for total knee replacement and nighttime joint pain, no pain relief with conservative care and documentation of current functional limitation demonstrating necessity for intervention; objective findings indicating the injured worker to be over 50 years of age and a body mass index of less than 40 percent, where increased BMI poses elevated risks for postoperative complications; imaging findings indicating osteoarthritis on a standing x-ray documenting significant loss of chondral clear space in at least 1 of the 3 compartments. In addition, the guidelines note hospital length of stay for a knee replacement includes a 3 day stay. The clinical documentation submitted indicated the injured worker tried and failed conservative therapy, including injections, medication, and physical therapy. However, there is lack of documentation indicating the injured worker complained of nighttime joint pain. There is lack of documentation including functional limitations demonstrating necessity for the requested surgery. The clinical documentation submitted failed to indicate the injured worker's weight to be able to obtain the body mass index; the guidelines recommend the BMI to be less than 40. In addition, the requested number of days in the hospital exceeds the guideline's recommendations. Therefore, the request is not medically necessary.