MAXIMUS Federal Services

Case Number:	CM14-0151911		
Date Assigned:	09/22/2014	Date of Injury:	04/16/2007
Decision Date:	10/21/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/17/2014

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 General Surgeon 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 66 year old male sustained injury 4/16/07 resulting in right knee arthroscopic lateral meniscectomy in 2007. An MRI of the right knee in 2010 showed evidence of prior meniscal surgery with no tear noted. There was a suprapatellar effusion with chondromalacia patella and mild trochlear chondromalacia. He has received 12 sessions of physical therapy and two steroid injections and now complains of clicking, locking, popping, and giving way. He walks with a limp and does use a cane and a brace at times. Range of motion is 5-85; there is an effusion, weakness and an antalgic gait. Plain films note joint space narrowing, subchondral sclerosis, and 3 compartment osteophyte formation. He is diagnosed with end-stage right knee osteoarthrosis. A right total knee arthroplasty with computer navigation has been recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Total Knee Arthroplasty with Computer Navigation: 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), Knee Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index,

9th Edition (web), Knee & Leg, (Acute and Chronic) (updated 11/26/10); Custom fit total knee (CFTK) Replacement

Decision rationale: A right total knee arthroplasty appears appropriate except for the fact that the BMI has not been provided. However, medical evidence-based Guidelines do not support the use of the computer navigation system has not been supported. New technology using MRI allows the surgeon to place total knee replacement components into each patient's pre-arthritic natural alignment. Custom-fit total knee replacement appears to be a safe procedure for uncomplicated cases of osteoarthritis, but the benefits have not been proven." Therefore the request is not medically necessary.

3 Day Stay at [redacted]: 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), Knee chapter: Hospital Length of Stay (LOS)

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: Upheld

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

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.

Home Physical Therapy (PT) 3 Times A Week for 2 Weeks: 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)

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.

Home RN Evaluation, Medication Intake and Vitals 2 Times A Week for 2 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

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.