

Case Number:	CM14-0154557		
Date Assigned:	09/24/2014	Date of Injury:	10/21/2003
Decision Date:	10/24/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/22/2014

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 65-year-old female radiology clerk sustained an industrial injury on 10/21/03. Injury occurred when she fell 8 feet off a ladder, landing on both knees. Past medical history was positive for polyarthritis of the weight bearing joints, breast cancer, diabetes, morbid obesity, tobacco use, and a stroke. Past surgical history was positive for left knee arthroscopy in 2004, right knee arthroscopy in 2005, and brain surgery in 2006. The 6/17/14 treating physician report documented weight loss with a body mass index of 37.74. The patient underwent left total knee arthroplasty on 6/23/14 after documented failure of comprehensive conservative treatment. The 8/5/14 treating physician report indicated that patient was status post left total knee arthroplasty with intermittent swelling at the end of the day. The right knee was limiting her more than the left. Left knee exam documented range of motion 3-120 degrees with good quadriceps control and minimal swelling. Right knee exam documented varus alignment, range of motion 10-120 degrees, medial joint line tenderness, patellofemoral crepitus, and palpable osteophytes. The diagnosis included end-stage medial compartment arthritis of the right knee. A right total knee arthroplasty was requested. The 8/13/14 physical therapy report indicated the patient had completed post-op physical therapy with good improvements in mobility and functional activity. She was tapering off her pain medications. She was discharged from physical therapy to an extensive home program. The 9/2/14 utilization review denied the right total knee arthroplasty and associated surgical requests as there was very limited information regarding subjective complaints, body mass index, or imaging evidence of end-stage arthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Total Knee Arthroplasty: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg, Knee joint replacement, 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) Knee and Leg, Knee joint replacement

Decision rationale: The California MTUS does not provide recommendations for knee arthroplasty. The Official Disability Guidelines recommend knee joint replacement when surgical indications are met. If only one compartment is affected, a unicompartmental or partial replacement may be considered. If 2 of the 3 compartments are affected, a total joint replacement is indicated. Specific criteria for knee joint replacement include exercise and medications or injections, limited range of motion (< 90 degrees), night-time joint pain, no pain relief with conservative care, documentation of functional limitations, age greater than 50 years, a body mass index (BMI) less than 35, and standing x-ray findings of osteoarthritis. Guideline criteria have not been met for a total joint replacement. The results of right knee standing x-rays are not available to provide evidence of end-stage osteoarthritis in more than one compartment. The diagnosis reported end-stage right knee medial compartment arthritis. There is no specific documentation of night-time joint pain, pain complaints, or functional limitations relative to the right knee. Body mass index current exceeds 35. Evidence of recent, reasonable and/or comprehensive non-operative treatment protocol trial, directed to the right knee, and failure has not been submitted. Therefore, this request is not medically necessary.

Inpatient Stay x3 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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) Knee and Leg, Hospital length of stay (LOS)

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Centers for Medicare and Medicaid services, Physician Fee Schedule

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

MRI Scan Right Knee Medacta MyKnee instrumentation: 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 and Leg, MRI's (magnetic resonance imaging)

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

CPM x 21 day rental: 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 and Leg, Continuous passive motion (CPM)

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Cryo Therapy Unit: 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 and Leg, Continuous flow cryotherapy

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Walker with Wheels: 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 and Leg, Walking aids (canes, crutches, braces, orthoses, & walkers)

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

3 in 1 Commode: 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 and Leg, Bathtub seats

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Rehab [REDACTED] x 7 days: 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 and Leg, Skilled nursing facility LOS (SNF)

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

post-op Physical Therapy 2x12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.