

Case Number:	CM14-0154625		
Date Assigned:	09/24/2014	Date of Injury:	05/14/1998
Decision Date:	10/29/2014	UR Denial Date:	08/30/2014
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 Internal Medicine, has a subspecialty in Nephrology 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:

Patient is a 60-year-old female who has submitted a claim for left knee osteoarthritis associated with an industrial injury date of 5/14/1998. Medical records from 2014 were reviewed. Patient complained of sharp stabbing left knee pain radiating to the foot. She likewise reported episodes of clicking, popping, and locking sensation. Anthropometric examination showed a height of 5 feet 3.5 inches, weight of 265 pounds, and a derived body mass index of 46.2 kg/m². Tenderness and crepitus were noted at the left knee. There was no instability. Range of motion was less than 90 degrees. X-ray of the left knee, dated 5/12/2014, showed tricompartmental osteoarthritis with complete loss of medial joint space. There was a mild varus deformity. Treatment to date has included left knee arthroscopy (undated), steroid injection, physical therapy and medications. Utilization review from 8/30/2014 denied the request for a left total knee arthroplasty because patient had a body mass index of 46.9 kg/m², hence, not all criteria for arthroplasty were met. The requested surgery was not certified, therefore, all of the other requests such as 3 month gym membership for pool therapy, 1 pre-operative medical clearance, 3 days post-operative hospitalization, 6 home physical therapy sessions, 24 post-operative physical therapy sessions, and unknown prescription of narcotic pain medicine were also not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 LEFT TOTAL KNEE ARTHROPLASTY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 Chapter, Knee Joint Replacement

Decision rationale: The CA MTUS does not address this topic specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Knee Chapter, Knee joint replacement was used instead. ODG criteria for TKR include conservative care including Visco supplementation injections OR Steroid injection, limited range of motion, nighttime joint pain, and no pain relief with conservative care; over 50 years of age AND Body Mass Index (BMI) of less than 35; and osteoarthritis on imaging or arthroscopy report. In this case, patient is a 60-year-old female, who has persistent left knee pain status-post arthroscopy (undated). Patient complained of sharp stabbing left knee pain with episodes of clicking, popping, and locking sensation. Tenderness and crepitus were noted at the left knee. There was no instability. Range of motion was less than 90 degrees. X-ray of the left knee, dated 5/12/2014, showed tricompartmental osteoarthritis with complete loss of medial joint space. There was a mild varus deformity. Symptoms persisted despite steroid injection, physical therapy and medications. However, patient has a body mass index of 46.2 kg/m². The guideline clearly states that only patients with a BMI of less than 35 kg/m² are considered candidates for TKA. Guideline criteria are not met. Therefore, the request for left total knee arthroplasty is not medically necessary.

3 MONTH GYM MEMBERSHIP FOR POOL THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy Page(s): 22.

Decision rationale: The related request for left knee total arthroplasty has been deemed not medically necessary; therefore, all of the associated services, such as this request for 3-month gym membership for pool therapy is likewise not medically necessary.

1 PRE-OPERATIVE MEDICAL CLEARANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation SURGERY GENERAL INFORMATION AND GROUND RULES, CALIFORNIA OFFICIAL MEDICAL FEE SCHEDULE, 1999 EDITION, PAGES 92-93

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 - Lumbar & Thoracic (Acute & Chronic) Chapter-Pre operative EKG and Lab testing)

Decision rationale: The related request for left knee total arthroplasty has been deemed not medically necessary; therefore, all of the associated services, such as this request for pre-operative medical clearance is likewise not medically necessary.

3 DAYS POST-OPERATIVE HOSPITALIZATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, KNEE AND LEG CHAPTER

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 - Hospital LOS, Total Knee Arthroplasty

Decision rationale: The related request for left knee total arthroplasty has been deemed not medically necessary; therefore, all of the associated services, such as this request for 3 days post-operative hospitalization is likewise not medically necessary.

6 HOME PHYSICAL THERAPY SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The related request for left knee total arthroplasty has been deemed not medically necessary; therefore, all of the associated services, such as this request for 6 home physical therapy sessions is likewise not medically necessary.

24 POST-OPERATIVE PHYSICAL THERAPY SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The related request for left knee total arthroplasty has been deemed not medically necessary; therefore, all of the associated services, such as this request for 24 post-operative physical therapy sessions is likewise not medically necessary.

UNKNOWN PRESCRIPTION OF NARCOTIC PAIN MEDICINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: The related request for left knee total arthroplasty has been deemed not medically necessary; therefore, all of the associated services, such as this request for unknown prescription of narcotic pain medicine is likewise not medically necessary.