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| Case Number: | CM14-0156259 | | |
| Date Assigned: | 09/25/2014 | Date of Injury: | 02/28/2012 |
| Decision Date: | 10/27/2014 | UR Denial Date: | 09/15/2014 |
| Priority: | Standard | Application Received: | 09/24/2014 |

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 claimant is a 59-year-old female who sustained a work-related injury to both knees on 02/28/12. The medical records provided for review documented that the claimant is status post prior knee arthroscopies that predated the work injury, the right knee in 1999, and the left in 2000. The claimant is documented to be five foot eight inches tall and weighs 275 pounds for a body mass index of 42. The clinical progress report dated 07/14/14 described continued knee complaints, left greater than right, noted to be severe in nature with physical examination showing restricted range of motion, diffuse tenderness but no instability. The diagnosis was moderately advanced degenerative joint disease, left greater than right, based on previous radiological assessment. The records documented that the claimant has failed conservative care including recent corticosteroid injections that provided only short-term relief. This is a request for a staged arthroplasty, left followed by right.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total knee arthroplasty, bilateral knees, staged: 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; Low Back and 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 Lower Leg Chapter; Knee joint replacement

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on the Official Disability Guidelines, the request for a staged knee joint arthroplasty cannot be recommended as medically necessary. While this claimant is noted to have failed conservative care and has imaging indicating advanced degenerative arthritis, the body mass index (BMI) of 42 exceeds the ODG Guidelines recommendation of a BMI less than 35 to proceed with arthroplasty. There is also no documentation that the claimant has attempted weight reduction. Based on the claimant's body mass index and lack of documentation of weight loss attempts, the proposed staged knee arthroplasty does not meet the ODG Guideline criteria.

Preoperative medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative electrocardiogram (EKG) & Preoperative lab testing (Freely, 2013)

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.

Transfusion x 2 units (as required): Upheld

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

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.