

Case Number:	CM14-0163899		
Date Assigned:	10/08/2014	Date of Injury:	08/10/2011
Decision Date:	11/28/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/06/2014

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 52 year old female janitor who sustained a twisting injury to the right knee that resulted in a fall at work on 08/10/11. The office note dated 09/18/14 noted that the claimant had continued right knee pain and described increased swelling that required her to use medications of Norco and Norflex and ambulate with a cane. Physical examination revealed diffuse tenderness in all aspects of the right knee, swelling was present throughout the right knee and range of motion was zero to 110 degrees. She was also noted to have multiple healed arthroscopic incisions. The claimant was diagnosed with degenerative joint disease of the medial, patellar, and femoral compartments. The office note dated 08/07/14 documented that radiographs showed arthritis of the knee and degenerative joint disease present in all compartments. Conservative treatment to date has included medications, the use of a cane and formal physical therapy. The current request is for a right total knee arthroplasty.

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: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

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 chapter: Knee joint replacement

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Official Disability Guidelines recommend that conservative treatment prior to total knee arthroplasty should include exercise therapy and medications unless contraindicated, viscosupplementation or steroid injections, plus there needs to be documentation of limited range of motion and night time joint pain, lack of pain relief with conservative care and documentation of current functional limitations demonstrating the necessity of the intervention. The medical records provided for review do not contain documentation that the claimant would not be a candidate for viscosupplementation or steroid injections, as recommended prior to considering total knee arthroplasty. In addition, there is a lack of documentation of limited range of motion, which is defined as less than 90 degrees, nighttime joint pain, or documentation of current functional limitations demonstrating the necessity of total knee arthroplasty. Therefore, based on the documentation presented for review and in accordance with the Official Disability Guidelines, the request for the right total knee arthroplasty cannot be considered medically necessary.

Pre-operative work up: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for non-cardiac surgery

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.

Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopaedic Surgeons Position Statement Reimbursement for the First Assistant at Surgery in Orthopaedics

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.

3 day inpatient stay: 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 Replacement; hospital length of stay (LOS) 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.

10 day inpatient stay at Skilled Nursing Facility: 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

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.

Purchase - walker: 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.

Purchase crutches: 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: The request for right total knee arthroplasty is not recommended as medically necessary. Therefore, the request for purchase of crutches is also not medically necessary.

Rental of Cold Therapy Unit (x30 days): 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): multiple chapters: Cervical, Shoulder, Lumbar and Knee

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.

Rental of CPM (x30 days): 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): multiple chapters: Cervical, Shoulder, Lumbar and Knee

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.

Post-operative Physical Therapy Three times per week for four weeks: 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.