

Case Number:	CM14-0177748		
Date Assigned:	10/31/2014	Date of Injury:	03/23/1995
Decision Date:	12/08/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	10/27/2014

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 Orthopaedic 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 62-year-old male heavy equipment operator sustained an industrial injury on 3/23/1995. The mechanism of injury was not documented. Past surgical history was positive for right anterior cruciate ligament reconstruction in 1985 and left anterior cruciate ligament reconstruction with hamstring tendon graft and chondroplasty in October 2001. The 10/15/14 bilateral knee x-rays demonstrated prior anterior cruciate ligament repair bilaterally with severe medial, moderate to severe lateral, and moderate patellofemoral osteoarthritis. There were no joint effusions. A large posterior intra-articular loose body was present on the right. The 10/16/14 treating physician report indicated a long term right knee complaint. He had had 4 to 5 cortisone injections. He was having trouble walking and running heavy equipment. He was worried about the winter and how his knee would hold up in the snow. He had a marked diminution of activity as evidenced by Oxford score 25/48, Knee Society score of 44/100, and Function score of 50/100. He limped and was unable to walk distances. He was taking Celebrex. He wanted to proceed with a total knee replacement. Physical exam documented height 5'10" and weight 304 pounds with a body mass index of 43. Right knee range of motion was 0-120 degrees with a 5-degree varus deformity that was not correctable. There was crepitation and pain, medially reproducible symptoms. There was a positive Lachman's test and the patella tracked well. The diagnosis was advanced degenerative arthritis of the right knee, status post anterior cruciate ligament reconstruction in 1985 with retained interference screw. The treating physician reported failure of non-operative care, including injections and anti-inflammatory medications. Authorization was requested for manual kinematically aligned total knee replacement on the right. The 10/23/14 utilization review denied the right total knee replacement as the patient's body mass index exceeded 40.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right manual kinematically aligned total knee replacement: 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 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 total knee arthroplasty. The Official Disability Guidelines recommend total knee replacement when surgical indications are met. 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 imaging findings of osteoarthritis. Guideline criteria have not been met. The patient has a current body mass index of 43, in excess of optimal guideline criteria. There is no documentation of night time joint pain and range of motion exceeds guideline criteria at 0-120 degrees. The treating physician has documented conservative treatment with anti-inflammatory medication and cortisone injections. While the treating physician has noted that patient has failed conservative treatment, detailed evidence of a recent guideline-recommended comprehensive less invasive trial and failure has not been documented. Therefore, this request is not medically necessary.

Associates Surgical Services: Pre-operative EKG: 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.

Associates Surgical Services: Pre-operative medical clearance: 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.

Associates Surgical Services: Pre-operative Lab Work: 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.