

Case Number:	CM14-0177897		
Date Assigned:	11/03/2014	Date of Injury:	04/05/2003
Decision Date:	12/17/2014	UR Denial Date:	09/23/2014
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 Orthopedic Surgery, has a subspecialty in Pediatrics Orthopedics and is licensed to practice in Texas & Colorado. 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 injured worker is a 67-year-old male who reported an injury on 04/05/2003 while working as a marble installer and laborer, the injured worker would lift up to 200 lbs; his duties also included stooping, lifting bending and kneeling repetitively. The injured worker started to feel pain to the right knee. The diagnosis included knee arthrosis. The unofficial diagnostic imaging of the right knee revealed a well healed proximal tibial osteotomy. There was bone to bone articulation on non-weight bearing views, and patellofemoral joint. Prior treatments included physical therapy, knee bracing, and intra-articular steroids. The past surgery included a high tibial osteotomy dated 2004. The evaluation of the right knee dated 09/10/2014 revealed: moderate antalgic gait; a well healed medial surgical incision, soft and mobile; alignment to the varus; mild deformity and a negative for effusion; medial joint line tenderness was positive; lateral joint line tenderness was negative; patellofemoral facet tenderness with anterior compression; and mild patellofemoral crepitation. The range of motion was at 8 degrees to 100 degrees. Active range of motion was strong against resistance. Collateral ligaments at 30 degrees mild laxity. Neurological status to the lower extremity revealed intact motor and sensory function throughout and 2+ deep pulse. The pain to the right knee was noted as 3/10 to 5/10 using the VAS. Treatment plan included a Right knee total arthroplasty and hardware removal. The Request for Authorization dated 09/15/2014 was submitted with documentation.

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): 343-344. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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, Arthroplasty

Decision rationale: The request for right total knee arthroplasty is not medically necessary. The Official Disability Guidelines recommend total knee arthroplasty when the following criteria is present: conservative care that includes exercise therapy (supervised PT and/or home rehab exercises) and medications (Unless contraindicated: NSAIDs OR Visco supplementation injections OR Steroid injection); subjective clinical findings of limited range of motion (<90 for TKR) and nighttime joint pain, no pain relief with conservative care (as above), and documentation of current functional limitations demonstrating necessity of intervention; objective clinical findings including over 50 years of age and a Body Mass Index of less than 40; and imaging clinical findings including osteoarthritis on standing x-ray (documenting significant loss of chondral clear space in at least one of the three compartments, with varus or valgus deformity an indication with additional strength), or previous arthroscopy (documenting advanced chondral erosion or exposed bone, especially if bipolar chondral defects are noted). The provider did not include an X-ray of the right knee for review. Additionally, the objective findings dated 09/10/2014 revealed the range of motion from 8 degrees to 100 degrees. For total knee replacement, the guidelines require range of motion less than 90 degrees. The clinical notes were negative for any varus or valgus deformities. Furthermore, the injured worker is noted to have a BMI of 39.2. The guidelines state increased BMI poses elevated risks for post-op complications. As such, the request is not medically necessary.

Associated surgical service: Outpatient Physical therapy sessions (18): 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.

Associated surgical service: Home health physical therapy (9): 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.

Associated surgical service: Home health occupational therapy post-op visits (3): 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.

Associated surgical service: Front wheel walker or crutches: 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)

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.

Associated surgical service: Single point cane: 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)

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.

Associated surgical service: 3 in 1 (elongated, if necessary) commode: 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)

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.

Associated surgical service: Wedge cushion: 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)

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.

Associated surgical service: Joint kit (reacher, sock aide, shoe horn, bath sponge): 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)

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.

Associated surgical service: Percocet 5/325mg or Norco 5mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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.

Associated surgical service: Inpatient nights 2-3: 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.

Associated surgical service: Pre-op office visit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2006 Jul 33p. [37 references]

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.

Associated surgical service: Pre-op labs and EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2006 Jul 33p. [37 references]

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.

Associated surgical service: Pre-op and Post-op X-rays: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

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.

Associated surgical service: Unknown post-op office visits and treatments: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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.