

Case Number:	CM14-0024911		
Date Assigned:	06/13/2014	Date of Injury:	07/08/2008
Decision Date:	07/28/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/27/2014

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 and is licensed to practice in Pennsylvania. 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 is a 56-year-old female who sustained an injury to the right knee on 07/08/08. The clinical records provided for review include an evaluation on 02/04/14 noting end stage degenerative arthritis of the right knee with continued complaints of pain, swelling, and trouble ambulating. The majority of pain was noted on the medial and lateral aspects of the knee. Physical examination showed tenderness to palpation and an antalgic gait. The recommendation was made for total joint arthroplasty. Previous plain film radiographs of the right knee from May 2013 described significant lateral joint space degenerative change. Recent conservative care has included medications and activity modification with no indication of prior surgery or injection therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right 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 -Treatment of worker's Compensation, Online Edition, Knee and Leg Chapter (updated 07/19/12), Knee joint replacement.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in

Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Knee joint replacement and Indications for Surgery - Knee arthroplasty.

Decision rationale: The California MTUS and ACOEM Guidelines do not address total knee replacement. Based on the Official Disability Guidelines, the request for right total knee replacement cannot be supported. The medical records do not identify what conservative care has been provided to the claimant including injection therapy. There also is no documentation of physical examination findings to include a body mass index, or formal imaging reports documenting end stage degenerative change. While the previous plain film radiographs in 2013 showed lateral joint space narrowing without documentation of conservative treatment or physical examination findings including a body mass index, the specific request for Right total knee replacement is not medically necessary and appropriate.

Autologous blood x 2 units: 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.

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.

Three days post operative inpatient stay: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Hospital length of stay (LOS).ODG hospital length of stay (LOS) guidelines:Knee Replacement (81.54 - Total knee replacement)Actual data -- median 3 days; mean 3.4 days ($\hat{A}\pm 0.0$); discharges 615,716; charges (mean) \$44,621Best practice target (no complications) -- 3 days.

Decision rationale: The proposed right total knee replacement is not recommended as medically necessary. Therefore, the request for three days inpatient stay is not necessary.

5 days skilled nursing facility: 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.

Post operative physical therapy 3 X 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.