

Case Number:	CM14-0031510		
Date Assigned:	04/09/2014	Date of Injury:	08/25/2010
Decision Date:	11/14/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/04/2014

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 Minnesota. 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 63 year old male with osteoarthritis of the right knee. He fell while pushing trash on 8/25/2010. He complained of pain in knees, feet, shoulders, forearms, hands, and the lower back. The notes indicate previous left knee surgery, back surgery, hemorrhoidectomy, and nasal surgery. He underwent a reverse shoulder arthroplasty in 2013 for severe osteoarthritis. The progress notes from 01/09/2014 indicate that he wished to go forward with a right Total Knee Arthroplasty without a trial of viscosupplementation, corticosteroid injections or physical therapy. X-rays at that time revealed moderate patellofemoral arthritis, moderate tibiofemoral osteoarthritis and three loose bodies in the notch. He was not using assistive devices for ambulation. The disputed issues pertain to pre-operative lab, EKG, Chest X-ray, Metabolic Panel, CBC, and Urinalysis. The request for pre-operative testing was denied by UR on the basis of lack of documentation supporting the indications for a total knee arthroplasty, specifically, no documentation of physical therapy, corticosteroid injections, viscosupplementation, medications, a BMI within the guidelines, limited range of motion, or a varus or valgus deformity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Op Lab: EKG, CBC, basic metabolic panel, chest x-ray, UA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES ADDRESSES LOW BACK CHAPTER (EKG ONLY)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Knee, Total Knee Arthroplasty ; Low back, preoperative testing

Decision rationale: California MTUS does not address the criteria for a total knee arthroplasty. The documentation provided did not support the criteria for a total knee arthroplasty per ODG guidelines. Conservative care, physical therapy, corticosteroid injections or viscosupplementation was not documented. BMI was not reported. The range of motion was 0-120 degrees, not supported by the guidelines. Based upon the guidelines the medical necessity of a total knee arthroplasty was not supported. In light of the above, if surgery was not supported per guidelines, the need for the preoperative lab, EKG, CBC, Basic Metabolic Panel, Chest X-ray, and Urinalysis was not medically necessary.