

Case Number:	CM14-0033592		
Date Assigned:	03/21/2014	Date of Injury:	12/11/2013
Decision Date:	04/22/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/14/2014

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 patient is a 62-year-old female with an industrial injury on 12/11/13. X-ray from 12/11/13 demonstrates moderate sized joint effusion, tricompartmental osteophytosis with the knee, and no acute fracture. Chief complaint is right more than left knee pain and shoulder pain. Exam notes from 1/28/14 demonstrate the patient had a prior industrial injury in 2010 and suffers from symptomatic osteoarthritis of the right knee. Knee replacement surgery has been recommended from previous injury. Patient received a right shoulder injection on 1/28/14 with 1% Xylocaine and 10mg of Depo-Medrol into the subacromial space. X-ray from 2/27/14 demonstrates mild degenerative arthritis of acromioclavicular joint and prominence of the greater tuberosity of the humerus. Assessment of degenerative arthritis of the knee and rotator cuff disorder is made. Request is for right knee bicompartamental patellofemoral and medial arthroplasty with 23 hours hospital stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE BICOMPARTMENTAL PATELLOFEMORAL AND MEDIAL ARTHROPLASTY WITH 23 HOURS HOSPITAL 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 and Leg, 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), Knee and Leg, Knee Joint Replacement Other Medical Treatment Guideline or Medical Evidence

Decision rationale: CA MTUS/ACOEM is silent on the issue of knee arthroplasty. The ODG criteria have not been met in this case for several reasons. First there is no evidence in the records of failure of conservative care. Second, there is no measurement of BMI to ascertain if the BMI is less than 35 per the ODG. Finally, bicompartamental knee replacement is not recommended. ODG states that if 2 or 3 compartments are involved to perform a total joint replacement. Therefore determination is for non-certification.

ASSISTANT SURGEON: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are medically necessary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are medically necessary

Decision rationale: As the surgical procedure is not indicated, the determination for assistant surgeon is non-certified.

HISTORY AND PHYSICAL EXAM WITH MEDICINE INTERNIST FOR SURGERY CLEARANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are medically necessary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are medically necessary

Decision rationale: As the surgical procedure is not indicated, the determination for medical clearance is non-certified.

POST OP PHYSICAL THERAPY, 18 SESSIONS, FOR THE RIGHT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are medically necessary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are medically necessary

Decision rationale: As the surgical procedure is not indicated, the determination for post-op physical therapy is non-certified.

COOLING UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are medically necessary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are medically necessary

Decision rationale: As the surgical procedure is not indicated, the determination for cooling unit is non-certified

PRE-OPERATIVE LABS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are medically necessary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are medically necessary

Decision rationale: As the surgical procedure is not indicated, the determination for preoperative labs is non-certified.

EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are medically necessary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are medically necessary

Decision rationale: As the surgical procedure is not indicated, the determination for EKG is non-certified

CHEST X-RAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are medically necessary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are medically necessary.

Decision rationale: As the surgical procedure is not indicated, the determination for Chest X-ray is non-certified.