

Case Number:	CM14-0036614		
Date Assigned:	07/25/2014	Date of Injury:	08/29/2013
Decision Date:	11/26/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	03/26/2014

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:

According to the records made available for review, this is a 66-year-old female with an 8/29/13 date of injury. At the time (3/24/14) of the decision for right total knee arthroplasty with computer assisted navigation, 2 day inpatient hospital stay, assistant surgeon, 2 units packed red blood cells (PRBC), continuous hot/cold therapy unit, purchase of walker, bedside commode, TED Hose, continuous passive motion device, sequential compression devices for home use, cardiac clearance, electrocardiogram, continuous hot/cold therapy unit at home, and post-operative anti-coagulation Xarelto unspecified dosage for 21 days, there is documentation of subjective (right knee pain with popping and grinding) and objective (antalgic gait and limited range of motion) findings. Imaging findings (x-rays (unspecified date) report revealed end stage degenerative joint narrowing most severe in the medial joint line. Reported MRI (6/22/10) revealed moderate osteoarthritis of the knee, greatest in the medial compartment, and small effusion and Baker's cyst; report not available for review. The current diagnoses are generalized osteoarthrosis and enthesopathy of knee. The treatment to date includes cane and medications). 2/13/14 Medical reports identifies symptoms described as grinding, popping, stiffness, swelling, weakness, and night time pain; physical examination included BMI of 31.1, tenderness over the medial joint line and crepitus over the patella; and x-rays right knee identifying severe tricompartmental degenerative arthritic changes. Regarding right total knee arthroplasty with computer assisted navigation, there is no documentation of additional conservative treatment (physical modality and either Viscosupplementation injections or steroid injection).

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Total Knee Arthroplasty with computer assisted navigation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Knee Joint Replacement

Decision rationale: MTUS reference to ACOEM identifies documentation of activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee, as criteria necessary to support the medical necessity of knee surgery. Official Disability Guidelines necessitate documentation of at least 2 of the 3 compartments affected, subjective findings (limited range of motion and nighttime joint pain), objective findings (over 50 years of age and Body Mass Index of less than 35), imaging findings (osteoarthritis on standing x-ray or arthroscopy report), and conservative treatment (physical modality, medications, and either Viscosupplementation injections or steroid injection), as additional criteria necessary to support the medical necessity of total knee arthroplasty. Within the medical information available for review, there is documentation of diagnoses of generalized osteoarthrosis and enthesopathy of knee. In addition, there is documentation of at least 2 of the 3 compartments affected, subjective findings (limited range of motion and nighttime joint pain), objective findings (over 50 years of age and Body Mass Index of less than 35), imaging findings (osteoarthritis on standing x-ray), and conservative treatment (medications). However, there is no documentation of additional conservative treatment (physical modality and either Viscosupplementation injections or steroid injection). Therefore, based on guidelines and a review of the evidence, the request for right Total Knee Arthroplasty with computer assisted navigation is not medically necessary.

2 day Inpatient hospital stay: 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.

Assistant surgeon: 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.

2 units packed red blood cells (PRBC): 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.

Continuous hot/cold therapy unit: 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.

Purchase of walker: 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.

Bedside commode: 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.

TED Hose: 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.

Continuous passive motion device: 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.

Sequential Compression Devices for home use: 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.

Cardiac 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.

Electrocardiogram: 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.

Continuous hot/cold therapy unit at home: 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 anti-coagulation Xarelto unspecified dosage for 21 days: 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.