

Case Number:	CM14-0045700		
Date Assigned:	07/02/2014	Date of Injury:	08/27/2010
Decision Date:	07/31/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/14/2014

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 Surgeon and is licensed to practice in Texas. 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 41-year-old male who reported an injury on 08/27/2010. The injured worker reportedly twisted his knee while stepping on an electrical cord. The injured worker is status post left knee arthroscopy on 01/20/2011 and 01/13/2012. The injured worker is also status post right knee arthroscopy on 04/08/2013. The current diagnosis is left knee tricompartmental osteoarthritis. The injured worker was evaluated on 02/17/2014. The previous conservative treatment includes physical therapy, bracing, and hyaluronic acid injections. The physical examination revealed full range of motion of bilateral hips, medial and lateral joint line tenderness on the left, negative instability, intact sensation, and 5/5 motor strength. X-rays of the left knee obtained in the office on that date indicated severe tricompartmental osteoarthritis as well as medial and lateral patellofemoral compartment. The treatment recommendations at that time included a total knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pre-Operative Medical Clearance (including EKG and Laboratory Exams): 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.

1 Total Left Knee Arthroplasty Under General Anesthesia: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Indications for surgery-- Knee Arthroplasty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Knee Joint Replacement.

Decision rationale: The California MTUS ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month and a failure of exercise programs. The ODG state a knee arthroplasty is indicated for patients with 2/3 compartments affected. The conservative treatment should include exercise therapy and medications, as well as viscosupplementation or steroid injections. As per the documentation submitted, the injured worker's physical examination does not reveal limited motion of less than 90 degrees. The injured worker is also under 50 years of age. The ODG recommend knee joint replacement for patients over 50 years of age with a body mass index of less than 35. The injured worker's body mass index was not provided. Based on the clinical information received and the above-mentioned guidelines, the request is not medically necessary

2 days of Inpatient Hospitalization: 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.