

Case Number:	CM14-0047322		
Date Assigned:	08/01/2014	Date of Injury:	08/26/2012
Decision Date:	10/16/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/15/2014

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:

This is a 58-year-old male who injured both of his knees in a work-related accident on 06/26/12. The clinical records provided for review documented a current diagnosis of bilateral knee strain. Specific to the claimant's right knee, there is a report of an MRI dated 07/05/12 that identified extensive degeneration of the medial meniscus with an undersurface flap tear. There was a chronic tear of the anterior cruciate ligament and medial compartment with near bone-on-bone articulation with described tricompartmental degenerative change. The report of the office note dated 04/03/14 documented that the claimant was status post a December 2012 right knee arthroscopy for medial meniscectomy. The report documented that the claimant has severe degenerative joint disease and continues to be symptomatic despite conservative treatment of medication management as well as a corticosteroid injection. The report also documented that viscosupplementation had been "denied." Physical examination findings were not documented on the report. Based on failed conservative measures, total knee arthroplasty was recommended. According to documentation by the treating physician, the surgery had been noncertified due to the lack of documentation of the claimant's body mass index.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Total Knee Arthroscopy: Overturned

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

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.

Decision rationale: At the follow up appointment with the treating physician, it is documented that the claimant's body mass index is 33. With a documented body mass index of 33, this individual meets all necessary Official Disability Guidelines criteria for the medical necessity of right total knee arthroplasty. As such, the request is medically necessary and appropriate.

Assistant Surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopedics Surgeons Position Statement.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Milliman Care Guidelines 18th edition: assistant surgeon Assistant Surgeon Guidelines (Codes 27256 to 27465)

Decision rationale: Based on the Milliman Care Guidelines, an assistant surgeon would be indicated for total knee joint arthroplasty. This is an accepted surgery for use of an assistant surgeon. The request in this case would be indicated.

3 days Hospital Stay: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines , Knee and Leg, Hospital Length of Stay

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 -

Decision rationale: When looking at Official Disability Guidelines criteria, a three day inpatient length of stay would be supported. The ODG would support up to a three day inpatient stay for surgical process in question.

Chest X-ray: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines , Low Back Preoperative testing, general

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: The ACOEM Guidelines would support the request for a preoperative chest x-ray. The claimant will undergo total knee arthroplasty which is considered a higher risk operation that comes with associated risk factors of blood loss, inpatient hospital stay, and prolonged anesthesia. The requested preoperative work up is medically necessary.

EKG: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines , Low Back Preoperative testing, general

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: The claimant will undergo total knee arthroplasty which is considered a higher risk operation that comes with associated risk factors of blood loss, inpatient hospital stay, and prolonged anesthesia. The requested preoperative work up is medically necessary and appropriate.

Pre Op Lab work: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines , Low Back Preoperative testing, general

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: The claimant will undergo total knee arthroplasty which is considered a higher risk operation that comes with associated risk factors of blood loss, inpatient hospital stay, and prolonged anesthesia. The requested preoperative work up is medically necessary.