

Case Number:	CM14-0054402		
Date Assigned:	08/01/2014	Date of Injury:	11/03/1980
Decision Date:	10/14/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/23/2014

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, has a subspecialty in Sports Medicine 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 injured worker is a 64-year-old male who reported an injury on 11/03/1980. The mechanism of injury was not submitted for clinical review. The diagnoses included multiple injuries on the job leading to an IM rod fusion at the right knee, right heel and ankle, chronic sprain/strain of the right knee, which is now associated with torn medial meniscal cartilage. The previous treatments included surgery and medication. The diagnostic testing included x-rays and an MRI. Within the clinical note dated 08/11/2014, it was reported the injured worker complained of right knee and ankle pain. The injured worker rated his pain 6/10 in severity at rest and 10/10 in severity with activity. On the physical examination, the provider noted the injured worker had a positive McMurray's for a torn meniscus, as well as tenderness along the medial joint line of the right knee and ankle. The official MRI of the right knee showed evidence of a torn meniscal cartilage in its posterior 2/3 of the medial meniscal cartilage. The provider recommended the injured worker to undergo an outpatient arthroscopy and meniscectomy of the right knee to be followed by postoperative rehabilitation. The request submitted was for a left total knee revision, all components. However, a rationale was not submitted for clinical review. The Request for Authorization was submitted on 08/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Total Knee Revision - All Components: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Knee Joint Replacement.

Decision rationale: The request for left total knee revision all components is not medically necessary. The Official Disability Guidelines note total knee arthroplasties are well accepted as reliable and suitable surgical procedures to return patients to function. The most common diagnosis is osteoarthritis. The criteria for knee joint replacement if only 1 compartment is affected a unicompartmental or partial replacement may be considered. If 2 of the 3 compartments are affected, a total joint replacement is indicated. The guidelines recommend the failure of conservative care including exercise therapy, supervised PT and/or home exercises (rehabilitation), and medications unless contraindicated, plus subjective clinical findings of limited range of motion and nighttime joint pain, no pain relief with conservative care, and documentation of current functional limitations demonstrating the necessity of intervention. Objective findings including over the age 50 year and body mass index of less than 35, where increased BMI poses elevated risks for postoperative complications. Imaging clinical findings of osteoarthritis on a standing x-ray, documenting significant loss of chondral clear space in at least one of the three compartments, with varus or valgus deformity an indication with additional strength. Previous arthroscopy documenting advanced chondral erosion and exposed bone, especially if bipolar chondral defects are noted. The clinical documentation submitted failed to indicate the injured worker had undergone conservative therapy including exercise, physical therapy, home rehab and medications and failed. There is lack of subjective clinical documentation indicating the injured worker complained of limited range of motion, nighttime joint pain or no relief with conservative therapy of the left knee. The imaging studies submitted failed to corroborate the diagnoses of osteoarthritis of the left knee. Additionally, there is lack of imaging studies of the left knee to warrant the medical necessity for the request. Therefore, the request is not medically necessary.

Inpatient (x 2-3 Days): 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)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Pre-operative EKG (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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Pre-operative 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Labs: CBC, Renal Function Panel, PT, PTT: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Post-operative Home Health Nurse (x 1-2 Per Week x 4 Weeks): 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Home Physical Therapy x 1-2 x 4 Weeks (4-8) him: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.