

Case Number:	CM14-0055675		
Date Assigned:	07/09/2014	Date of Injury:	04/16/1997
Decision Date:	12/24/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	04/25/2014

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 Minnesota. 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 63 year old male with a history of right knee pain. The date of injury was 4/16/1997. He underwent a left total knee arthroplasty on 03/27/2009. He has evidence of medial compartment degenerative changes in the right knee. He was evaluated in 2012 and did not meet the criteria for a total knee arthroplasty. He was re-examined in October 2013 and standing x-rays revealed minimal joint space narrowing and mild secondary degenerative changes. Exam at that time revealed a small effusion, tenderness at the medial and lateral joint lines, no instability, and pain with McMurray. He had injections and viscosupplementation. An MRI scan of 3/06/2014 revealed degenerative changes in the posterior horn of the medial meniscus with a probable tear, and thinning of the articular cartilage of the medial compartment. Exam on 03/11/2014 was essentially unchanged compared to 10/29/2013 with trace effusion, ROM 5-125 degrees, no deformity, no instability, and irritable McMurray. UR non-certified the request for a total knee arthroplasty on 4/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right total knee arthroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, 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)

Decision rationale: California MTUS guidelines do not address specific criteria for a total knee arthroplasty. Therefore ODG guidelines were utilized. The documentation indicates degenerative changes in the medial compartment without significant narrowing of the joint space on the standing films. There was no objective evidence of osteoarthritis in the other compartments. The range of motion was 5-125 degrees which is more than what the guidelines permit. Documentation of night time joint pain and lack of relief with conservative treatment and current functional limitations demonstrating a need for intervention plus evidence of osteoarthritis in two or more compartments on the standing x-rays was not demonstrated. Based upon these guidelines the medical necessity of a total knee arthroplasty was not demonstrated. Therefore the request is not medically necessary.

Pre-operative electrocardiogram (EKG): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape: Pre-operative Testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Knee, Topic: Total Knee Arthroplasty

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative blood work: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape: Preoperative testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Knee, Topic: Total Knee Arthroplasty

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Medical Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section :Knee, Topic:Total Knee Arthroplasty

Decision rationale: The surgery was not medically necessary. Therefore the preoperative clearance was also not medically necessary.