

<b>Case Number:</b>	CM14-0072700		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	01/23/2013
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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:

The patient is a 64 year old female with 1/23/2013 date of injury. According to the handwritten PTP PR-2 dated 5/9/2014, the patient complains of constant pain, stiffness and swelling in the left knee. Reportedly, she underwent imaging in the past that disclosed moderate to advanced tricompartmental and degenerative changes, meniscal tears. She had left knee arthroscopic meniscectomy, chondroplasty and synovectomy on 2/17/2010. Reportedly, x-rays following re-injury to the knees on 1/23/2013 revealed advanced OA changes. She has had cortisone injection, PT, brace and yet is symptomatic. Reduced ROM of left knee, crepitus and stable ligaments are reported. Left total knee replacement is requested, along with pre-op labs and postoperative DME. According to the handwritten PTP PR-2 dated 5/19/2014, the patient is now 7 months post right TKR. The left knee is painful; she has stiffness in the right knee, and slight low back pain. She has been working with modified duties since 4/22/2014. Objective examination documents right knee has -5 to 95 degrees motion, slight limp improving. Her diagnoses are contusion of knee, subluxation of knee/patella, and lumbosacral sprain/strain acute. Treatment plan is medications, complete physical rehab, and left total knee surgery is requested. She continues modified duties.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left total knee arthroplasty; surgical assistant: Upheld**

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

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

**Decision rationale:** The medical records do not include a thoroughly detailed treatment history of the left knee. According to the 5/19/2014 PR-2, the patient is diagnosed with contusion of knee, subluxation of knee/patella, and lumbosacral sprain/strain acute. It is not evident that this patient has advanced OA of the left knee demonstrated on standing radiographs and/or pertinent diagnostic or arthroscopic study. In addition, the medical records have not established exhaustion of recent conservative measures including PT/exercise, activity modifications, NSAID, passive modalities, cortisone injection and viscosupplementation. The medical records do not reveal this patient has less than 90 degrees motion, there is no documented nighttime joint pain, exhaustion of conservative care and functional limitations demonstrating necessity of surgical intervention are has not been established. Therefore, the request is not medically necessary.

**CPM machine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Continuous passive motion (CPM).

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

**Weekly labs x 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative testing, general.

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

**In home blood draws after first 2 weeks of surgery:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preoperative testing, general.

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

**PT in home 2x3; outpatient 3x6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

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

**Pre-op lab work:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Preoperative testing, general.

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

**EKG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Preoperative testing, general; Preoperative electrocardiogram (ECG).

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

**CXR:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative testing, general.

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