

Case Number:	CM14-0078611		
Date Assigned:	07/21/2014	Date of Injury:	11/02/2011
Decision Date:	09/08/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	05/28/2014

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 Pennsylvania. 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 claimant is a 68-year-old gentleman who injured his left knee on November 2, 2011. The records available for review include a July 23, 2014, progress report that describes a painful knee. The complaints of pain continued despite past treatment with corticosteroid and viscosupplementation injections. The claimant is noted to be 5 feet, 8 inches in height and weighing 225 pounds, resulting in a body mass index of 35. Physical examination findings showed 0-125 degrees range of motion with tenderness at end points, patellofemoral crepitation and 4+/5 quadriceps strength. The records note a diagnosis of left knee osteoarthritis affecting the medial and patellofemoral compartments and document failed conservative care. At the July 23, 2014, visit, the treating physician is documented to have recommended treatment with an ultrasound-guided corticosteroid injection and repeat viscosupplementation injections series but surgical intervention is not noted to have been considered at that visit. This request is for left knee arthroplasty with the use of a Biomet custom implant, preoperative medical clearance, a three-day post-operative inpatient hospital stay and a left knee MRI scan for preoperative planning associated with the custom implant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Total Knee Replacement using Biomet Vanguard posterior stabilized with the signature protocol to be done.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TKR (Total Knee Replacement), Indications for Surgery-Knee Arthroplasty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344. 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: California MTUS ACOEM Guidelines would not support the request for left knee arthroplasty. Under ACOEM Guidelines criteria, operative intervention would be supported following the failure of a strengthening program and at least one month of activity limitation. Based on the Official Disability Guidelines, there is no guideline support for use of custom implants. Though this claimant's records document underlying osteoarthritis, the treating physician's July 2014 notes suggest an inclination to continue treatment with conservative measures in the form of corticosteroids and viscosupplementation injections. Given the recommendation for treatment with injection therapy and viscosupplementation, this request for left knee arthroplasty would not be established as medically necessary at this time based on ACOEM Guidelines. Additionally, the request is further not supported because of the reference to use of a custom implant.

Inpatient hospital length of stay, three (3) days: 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.

Pre-op 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 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.

MRI Scan left knee: 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.