

Case Number:	CM14-0087635		
Date Assigned:	08/08/2014	Date of Injury:	02/25/2008
Decision Date:	09/12/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/12/2014

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 52-year-old male sustained an industrial injury on 2/25/08. The mechanism of injury was not documented. The patient was status post right total knee arthroplasty on 8/23/13 and left anterior cruciate ligament reconstruction, date not documented. The 3/11/14 treating physician report documented height of 66 inches and weight of 273 pounds, for a calculated body mass index of 44. The 3/25/14 progress report indicated that the left knee was worsening and the right knee was now better than the left. A left total knee arthroplasty was requested. The 4/16/14 orthopedic report indicated the patient was status post ACL reconstruction with tricompartmental osteoarthritis. He was previously treated with Synvisc injections and was currently taking anti-inflammatories and analgesics. The patient had not undergone any physical therapy, although the expectation for benefit would be extremely low. The orthopedist reported the patient had tricompartmental osteoarthritis with multiple osteophytes, joint space narrowing, with involvement of the tibiofemoral and patellofemoral joint. The 4/22/14 treating physician report indicated the patient was awaiting a left total knee arthroplasty and right knee manipulation under anesthesia. He had difficulty with prolonged standing and walking, and his quality of life was impaired. Physical exam findings were limited to the right knee. The diagnosis included left knee sprain/strain with end-stage degenerative joint disease and status post right total knee arthroplasty with adhesive capsulitis. The 5/7/14 progress report indicated the patient's left knee symptoms had worsened. The patient had pain at night and at rest. He was unable to walk more than a few blocks. The 5/26/14 DNA testing letter of medical necessity indicated that this testing was part of the treatment plan for this patient who was prescribed oral medications. There was no patient-specific information provided. The 5/30/14 utilization review denied the left total knee arthroplasty and associated requests as there was no documentation of prior conservative treatment, and current height/weight or body mass index given prior documentation of weight

loss concerns. The request for DNA testing for an upcoming appointment was denied as there was no rationale provided to support the need or how this would alter the patient's care. The 7/1/14 appeal letter stated that the patient had tricompartmental osteoarthritis and issues with his weight. His body mass index was 38. The patient was unable to participate in his usual and customary capacity due to his knee arthritis. A left total knee arthroplasty was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left total knee arthroplasty: Upheld

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 Chapter, Procedure summary last updated 03/31/2014 - Criteria for Revision total 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) Knee and Leg, Knee joint replacement.

Decision rationale: The California MTUS does not provide recommendations for total knee arthroplasty. The Official Disability Guidelines recommend total knee replacement when surgical indications are met. Specific criteria for knee joint replacement include exercise and medications or injections, limited range of motion (< 90 degrees), night-time joint pain, no pain relief with conservative care, documentation of functional limitations, age greater than 50 years, a body mass index (BMI) less than 35, and imaging findings of osteoarthritis on standing x-ray. Guidelines criteria have not been met. There is no current documentation of objective exam findings relative to the left knee. There is no detailed documentation that recent guideline-recommended conservative treatment, including exercise, had been tried and failed. The patient's body mass index was documented between 38 and 44 within a 4-month period. There were no specific radiographic or imaging reports provided to evidence the degree of arthritis. Therefore, this request is not medically necessary.

Inpatient stay 3-5 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.

DNA test x 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DNA testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Genetic testing for potential opioid abuse.

Decision rationale: The California MTUS guidelines do not recommend Cytokine DNA testing for pain. Guidelines state there is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. The Official Disability Guidelines do not recommend genetic testing for potential opioid abuse as studies are inconsistent with inadequate statistics and large phenotype range. There is no patient-specific rationale presented to support the medical necessity of DNA testing in the absence of guideline support. Therefore, this request is not medically necessary.

Pre-op internal medicine surgical 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.

Pre Op Labs: 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 EKG: 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.

Post Op Hot/Cold contrast unit: 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.

Post Op DME DVT compression system 60 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.

Post Op DME CPM 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.

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

ACL Brace/ Knee immobilizer: 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.

Three in one Commode/ Elevated toilet seat.: 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.

Home Health Care, 6-8 hours a day 6-7 days a week approximately for 4-6 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.