

Case Number:	CM14-0088885		
Date Assigned:	08/08/2014	Date of Injury:	10/05/2004
Decision Date:	09/17/2014	UR Denial Date:	06/03/2014
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 Indiana. 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 69-year-old female who is 5' 3" tall, 275 pounds with a BMI of approximately 49. She initially injured her left knee on 10/5/2004 in a twisting injury to the knee when she was trying to catch a student that was running. The claimant has been treated conservatively with 3 steroid injections of the knee without long-lasting pain relief, as well as 2 courses of viscosupplementation, the last of which was not helpful. The claimant is taking Norco for pain relief. Clinically, the claimant has a mild/moderate genu valgum deformity of the knee with a 30 degree flexion contracture, active flexion to 90 degrees, patellofemoral crepitus, exquisite posteromedial joint line tenderness with a positive McMurray's and Apley grind test. The claimant does not wish to consider bariatric surgery for weight loss. An MRI of the knee performed on 3/21/2008 revealed bone-on-bone about the medial compartment with marked patellofemoral chondromalacia change. X-rays have been reported as revealing tricompartmental arthrosis, bone-on-bone with regard to the left knee medially. The claimant was advised by her treating physician of the high risk of total knee replacement surgery due to her obesity but understanding the risk involved, the claimant would like to proceed with surgery. For this reason, the treating physical requested authorization for a left total knee replacement with a two day inpatient stay, with medical clearance, pre-operative lab work, CXR, and EKG with use of a CPM, with a one to two week inpatient rehab stay, post-operative Norco, and post-operative PT 3x/week for 4 weeks. The claimant does have a co-morbidity of lumbar spine multilevel spondylosis with peripheral polyneuropathy per EMG/NCV studies of 9/8/2010. The claimant has difficulty with standing, climbing, crawling, squatting, lifting, and walking activities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Total Knee Replacement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Indications for 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) Knee and Leg (Acute and Chronic), Knee Replacement Surgery Other Medical Treatment Guideline or Medical Evidence: Obesity and Total Joint Arthroplasty A Literature Based Review: Journal of Arthroplasty 28 (2013) 714 - 721.

Decision rationale: According to the ODG Guidelines:ODG Indications for Surgery -- Knee arthroplasty: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.):1. Conservative Care: Exercise therapy (supervised PT and/or home rehab exercises). AND Medications. (unless contraindicated: NSAIDs OR Visco supplementation injections OR Steroid injection). PLUS2. Subjective Clinical Findings: Limited range of motion (<90 for TKR). AND Nighttime joint pain. AND No pain relief with conservative care (as above) AND Documentation of current functional limitations demonstrating necessity of intervention. PLUS3. Objective Clinical Findings: Over 50 years of age AND Body Mass Index of less than 35, where increased BMI poses elevated risks for post-op complications. PLUS4. Imaging Clinical Findings: Osteoarthritis on: 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). OR Previous arthroscopy (documenting advanced chondral erosion or exposed bone, especially if bipolar chondral defects are noted). (Washington, 2003) (Sheng, 2004) (Saleh, 2002) (Callahan, 1995)The claimant has a BMI much greater than 35 and is therefore not a surgical candidate for total knee replacement surgery due to the elevated risks for post-operative complications. According to a recent literature based review on obesity in total joint arthroplasty in 2013, "The morbidly obese (BMI > 40) and the super obese (BMI > 50) have complication profiles that may outweigh the functional benefits of total joint arthroplasty. These patients should be counseled regarding these risks prior to any surgical intervention. It is our consensus opinion that consideration should be given to delaying total joint arthroplasty in a patient with a BMI > 40, especially when associated with other comorbid conditions..."Because of the claimant's obesity with a BMI of ~ 49, the claimant is not a candidate for knee replacement surgery and the requested total knee replacement surgery is not medically necessary.

2 day inpatient length of stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Best Practice Target (no complications 3 day).

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 (Acute and Chronic), Knee Replacement Surgery.

Decision rationale: Since the requested total knee surgery is not medically necessary, the requested inpatient two day length of stay is not 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) Knee and Leg (Acute and Chronic), Knee Replacement Surgery.

Decision rationale: Since the requested total knee replacement surgery is not medically necessary, there is no medical necessity for medical clearance.

Labwork (CBC, BMP/CMP, PT/PTT TSH, Urinalysis, CPM): 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) Knee and Leg (Acute and Chronic), Knee Replacement Surgery.

Decision rationale: Since the requested total knee surgery is not medically necessary, the pre-operative lab work and CPM machine are not medically necessary.

Pre Operative Chest X-ray: 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) Knee and Leg (Acute and Chronic), Knee Replacement Surgery.

Decision rationale: Since the requested total knee replacement surgery is not medically necessary, the requested pre-operative CXR is not medically necessary.

Pre Operative EKG: 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) Knee and Leg (Acute and Chronic), Knee Replacement Surgery.

Decision rationale: Since the requested total knee replacement surgery is not medically necessary, a pre-operative EKG is not medically necessary.

One to two weeks Rehabilitation Hospital stay: 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) Knee and Leg (Acute and Chronic), Knee Replacement Surgery.

Decision rationale: Since the requested total knee replacement surgery is not medically necessary, the requested one to two week rehabilitation hospital stay is not medically necessary.

Norco 10/325mg #25: 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) Knee and Leg (Acute and Chronic), Knee Replacement Surgery.

Decision rationale: Since the requested total knee replacement surgery is not medically necessary, post-operative Norco is not medically necessary.

Post Operative Physical Therapy 3 times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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 (Acute and Chronic), Knee Replacement Surgery.

Decision rationale: Since the requested total knee replacement surgery is not medically necessary, post-operative physical therapy is not medically necessary.