MAXIMUS Federal Services

Case Number:	CM14-0090802		
Date Assigned:	07/23/2014	Date of Injury:	04/30/2009
Decision Date:	08/28/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/16/2014

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 Orthopaedic Surgery and is licensed to practice in Montana. 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 64 year old male who sustained an industrial injury to the right knee on 4/30/09. Treatment at the time of injury is not documented in the available records. Physical therapy was recommended in September 2013, but it is not clear from the available documentation if this was completed. The patient was evaluated on 1/7/14 for follow-up of his right knee arthritis. The clinical note of that date reported the injured worker had moderate medial and patellofemoral disease on plain films on that date. No formal radiologic report is provided. On clinical examination, there was tenderness to palpation and a mild effusion. An injection of unstated type was administered on that date. When re-examined on 5/6/14, it was stated the injured worker had failed injections and the right knee was unchanged. A right total knee arthroplasty has been recommended. Utilization review notes dated 5/19/14 state that the injured worker has undergone previous right (date of surgery not documented) and left (date of surgery 3/6/13) total knee arthroplasty and a left revision total knee arthroplasty (8/14/13). It is not clear if there is a typographical error regarding a previous right total knee arthroplasty having been carried out or if a revision right total knee arthroplasty is now being requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right 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, indications for surgery - knee arthroplasty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Knee Joint Replacement.

Decision rationale: The MTUS guidelines do not address total knee arthroplasty. The ACOEM and ODG guidelines both note that a complete history and clinical examination is to be obtained prior to recommending treatment. The ODG and ACOEM criteria for total knee arthroplasty are similar. This procedure is recommended if osteoarthritis of the knee is demonstrated on standing films in two or more compartments. The injured worker has night pain and decreased range of motion of the knee and has failed specific conservative treatment. It is not clear from the documentation provided if the injured worker has had a previous right total knee arthroplasty or if this is a typographical error. No formal radiologic reports of right knee imaging studies are documented in the available records. There is no documentation of conservative treatment to date including physical therapy, bracing, specific type of intraarticular injections, medications and the use of deloading devices such as a cane. Based on this lack of documentation, the ACOEM and ODG criteria for the medical necessity of a right total knee arthroplasty or revision total knee arthroplasty are not met; therefore, the requested right knee arthroplasty is not medically necessary.

Inpatient (unspecified): Upheld

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

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 - Lumbar & Thoracic (Acute & Chronic), Hospital length of stay (LOS).

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

Pre-operative laboratory testing: Electrocardiogram (EKG), Complete Blood Count (CBC), Basic Metabolic Panel (BMP): 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) Low Back - Lumbar & Thoracic (Acute & Chronic), Preoperative testing, general.

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