

Case Number:	CM14-0092174		
Date Assigned:	07/25/2014	Date of Injury:	05/10/2005
Decision Date:	08/29/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/18/2014

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:

According to the records made available for review, this is a 61-year-old female with a 5/10/05 date of injury. At the time (5/29/14) of the Decision for inpatient total knee arthroplasty (TKA) with computer navigation; in-home physical therapy, six (6) sessions for the left knee; and Post-Operative in-home Registered Nurse (RN) Evaluation for vitals, medication, intake, dressing changes two (2) times a week for two (2) weeks, there is documentation of subjective (left knee pain diffusely throughout the knee, difficulty walking and difficulty performing activities of daily living) and objective (mild effusion of the left knee, range of motion is 0-100, crepitus, joint line tenderness) findings, current diagnoses (osteoporosis, joint or tendon ganglion, and joint pain left leg), and treatment to date (medication, physical therapy, and Euflexxa injections). There is no documentation of additional objective findings (Body Mass Index of less than 35) and imaging findings (osteoarthritis on standing x-ray or arthroscopy report).

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient Left Total Knee Arthroplasty with computer navigation: 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: TKA.

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 ODG states; documentation of at least 2 of the 3 compartments affected, subjective findings (limited range of motion and nighttime joint pain), objective findings (over 50 years of age and Body Mass Index of less than 35), imaging findings (osteoarthritis on standing x-ray or arthroscopy report), and conservative treatment (physical modality, medications, and either Viscosupplementation injections or steroid injection), as criteria necessary to support the medical necessity of total knee arthroplasty. Within the medical information available for review, there is documentation of diagnoses of osteoporosis, joint or tendon ganglion, and joint pain left leg. In addition, there is documentation of subjective findings (limited range of motion and pain), objective findings (over 50 years of age), and conservative treatment (physical modality, medications, and either Viscosupplementation injections). However, there is no documentation of additional objective findings (Body Mass Index of less than 35) and imaging findings (osteoarthritis on standing x-ray or arthroscopy report). Therefore, based on guidelines and a review of the evidence, the request for inpatient total knee arthroplasty with computer navigation is not medically necessary.

In-home Physical Therapy, six (6) sessions for the 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.

Post-Operative in-home Registered Nurse (RN) Evaluation for vitals, medication, intake, dressing changes two (2) times a week for two (2) 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.