

Case Number:	CM14-0092419		
Date Assigned:	07/25/2014	Date of Injury:	11/08/2008
Decision Date:	11/03/2014	UR Denial Date:	05/12/2014
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 Physical Medicine and Rehabilitation 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:

The records, presented for review, indicate that this 49-year-old male was reportedly injured on November 8, 2008. The most recent progress note, dated February 3, 2014, indicated that there were ongoing complaints of low back pain, right knee pain, and right ankle pain. It is also noted that in spite of the additional physical therapy, removal loose bodies, there was still substantial pain and a limited range of motion of the right knee. The physical examination demonstrated limited and painful range of motion in the lumbar spine, right knee, and right ankle. Sensory loss in the lower extremities was specifically in the feet. Trigger points were in the lumbar spine. Positive tenderness to palpation was with tight muscles and spasm in the lumbar spine, positive edema and swelling in the knee and ankle. The narrative indicates plain films and they were obtained demonstrating degenerative marginal osteophytes in the superior and inferior articulating surfaces as well as the medial articular surface of the distal femur. Previous treatment included knee brace, physical therapy, medications, injections, arthroscopic surgery and partial meniscectomy. A request had been made for urgent preoperative medical clearance, urgent inpatient hospital stay of three days and urgent right total knee replacement and was not certified in the pre-authorization process on 5/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urgent Pre-Operative Medical Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The National Guideline Clearinghouse/Preoperative Evaluation

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Merck Manual, Preoperative Evaluation: Care of the Surgical Patient

Decision rationale: CA MTUS and ODG do not specifically address this issue; therefore alternative medical references were used. The Merck manual states, if an emergency procedure is required, preoperative evaluation must be rapid and is thus limited. In other cases, the surgical team with consult of an internist to obtain a formal preoperative evaluation, which helps minimize risk of identifying correctable abnormalities and by determining whether additional monitoring is needed or whether procedure should be delayed so that underlying disorder can be controlled optimally. When considering the clinical findings noted with the February 11, 2014 progress note specifically a 5'5", 215 pound individual with a painful/limited lumbar spine range of motion, right knee and right ankle range of motion, there clearly is no urgency relative to treating the degenerative knee process. The injured worker is able to dress himself, and sit, stand, recline, walking 5 stairs without difficulty. Therefore, when noting the parameters outlined for the need for urgent preoperative clearance, there is no pathology identified in this progress note creating such a need in the medical necessity.

Urgent In-Patient Stay, 3 Days: Upheld

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

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, Hospital Length of Stay

Decision rationale: ODG states the average length of stay after a total knee replacement is three days. The above requested surgical procedure has not been authorized at this time. Therefore, this request is not medically necessary.

Urgent Right Knee Total 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 (ODG), Knee Joint Replacement

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 joint replacement

Decision rationale: ODG state that total knee arthroplasties are well accepted as reliable and suitable surgical procedures to return patients to function. The progress note dated February 3, 2014 indicates that the injured employee had not been seen for nearly 4 months (November 4, 2013). A history of a right arthroscopic meniscectomy was completed in August 2013. One notes ongoing complaints of pain and the physical examination noted an altered gait pattern. Imaging studies identified tricompartmental chondromalacia and degenerative joint disease. While noting that this is uncomfortable, there is nothing in this progress note to suggest an urgent surgical intervention. There is no discussion of the functional limitations, what conservative measures have been attempted and failed to address this current situation and while it may be potentially indicated, based on this progress note, there is no urgent need established. This request is not medically necessary.