

Case Number:	CM14-0098867		
Date Assigned:	07/28/2014	Date of Injury:	04/08/2011
Decision Date:	08/29/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/27/2014

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 Pennsylvania. 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 is a 61-year-old, female, clinical coordinator, who sustained a vocational injury on 04/08/11 when she tripped and fell. The records provided for review document that the claimant subsequently underwent left knee arthroscopy with partial lateral meniscectomy and chondroplasty of the patellofemoral joint on 12/19/13. The report of the office visit dated 05/30/14 noted that two months prior to the appointment she had increased pain described as a constant ache within the knee, that it gave out on a regular basis and she had night pain. Documentation of objective findings on examination were not provided. A letter dated 06/13/14 documented that the reason for denial to proceed with knee replacement surgery was not apparent. The report of radiographs from 06/26/14 showed tricompartmental degenerative joint disease preferentially involving the lateral compartment. Conservative care to date has included physical therapy, topical anti-inflammatories, and oral anti-inflammatories, and the aforementioned surgery. The current request is for a left total knee replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request left Total Knee Replacement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee Official Disability Guidelines: Indications for Surgery-Knee Arthroplasty; Criteria for 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 & Leg chapter Knee joint replacement.

Decision rationale: The California MTUS and ACOEM Guidelines do not address this request. Based on the Official Disability Guidelines the request for left total knee replacement is not recommended as medically necessary. There is no documentation of recent abnormal objective findings on examination that would be consistent with end stage degenerative joint disease of the left knee. The documentation suggests that they did not want to provide further intraarticular cortisone injections for the claimant, however, there is a lack of documentation suggesting that intraarticular cortisone injections have already utilized or to the fact that viscosupplementation has been attempted. Therefore, based on the documentation presented for review and in accordance with Official Disability Guidelines, the request for the left total knee replacement cannot be considered medically necessary.

Assistant Surgeon for Total Knee Replacement Left: 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); Other Medical Treatment Guideline or Medical Evidence: Milliman care Guidelines, 18th Edition; Assistant Surgeon Guidelines for total knee arthroplasty.

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

Preop Lab Work: Renal Function Panel, CBC With Diff, PT, PTT: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); ACOEM Chapter 7, page 127.

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

Pre-op EKG and 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ; ACOEM Chapter 7, page 127.

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

