

Case Number:	CM13-0028462		
Date Assigned:	11/27/2013	Date of Injury:	05/20/1992
Decision Date:	03/04/2015	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/24/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 retrospective review of a request for left total knee arthroplasty. The injured worker was 63-year-old at the time of request. The injury date was 5/20/1992. The office notes of 8/5/2013 indicate continuing problems with pain and swelling on the medial aspect of the left knee. It was activity related. It was getting progressively more severe. On examination, there was 1+ effusion. There was fairly significant pain and grinding medially. He also had patellofemoral pain. He had good extension and was able to flex the knee to 120. There was no instability noted. Neurologic examination was negative. He had tried various treatment options including physical therapy, anti-inflammatories, cortisone injections, and Viscosupplementation. He was really not finding any significant symptomatic relief from his pain. On both x-rays and MRI scanning, he had fairly advanced degenerative changes in the medial compartment and patellofemoral joint. In light of failure of conservative treatment, the only other option was a total knee replacement. Past history was remarkable for arthroscopic surgery on the same knee; however, the operative report was not submitted. He had also undergone back surgery, elbow surgery and shoulder surgery in the past. Details are not submitted. He was taking Celebrex. A request for a left total knee arthroplasty was noncertified by utilization review on September 17, 2013 as the ODG criteria were partially met. No radiology reports were submitted, there was no evidence of night pain, the range of motion was 0-120, more than the guideline requirement of 0-90, and details of the conservative treatment including an exercise program were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Total Replacement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344. Decision based on Non-MTUS Citation ODG 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, Knee Chapter, Knee Replacement

Decision rationale: The Official Disability Guidelines criteria for a total knee arthroplasty include involvement of 2 out of 3 compartments, evidence of conservative care including exercise therapy such as supervised physical therapy and/or home rehabilitation exercises, and medications or Viscosupplementation injections or steroid injections plus subjective clinical findings of limited range of motion less than 90 for a total knee arthroplasty and nighttime joint pain and no pain relief with conservative care and documentation of current functional limitations demonstrating necessity of intervention plus objective clinical findings of age over 50 and body mass index less than 40+ imaging evidence of osteoarthritis on standing x-ray with varus or valgus deformity and indication with additional strength, or previous arthroscopy documenting advanced chondral erosion or exposed bone. The injured worker meets the guideline criteria although documentation with regard to radiology reports, evidence of night pain and functional limitations and evidence of physical therapy or home rehabilitation exercises will be necessary for confirmation. If such documentation is provided, the guideline criteria would be met. However, in the absence of the above documentation, the criteria have been partially met and as such, the request for a total knee arthroplasty is not supported and the medical necessity is not substantiated.

Lab Testing: 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.

Pre-Operative: 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: 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: The requested surgery is not medically necessary. Therefore, the ancillary services are also not medically necessary.

VTE Prophylaxis: Venous Pressure Pumps, Thigh High Anti-Embolism Stockings: 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.

Cefazolin 2Gm, IV within 60 minutes Prior to Surgical: 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.