

Case Number:	CM14-0188176		
Date Assigned:	11/18/2014	Date of Injury:	07/27/2011
Decision Date:	01/20/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/12/2014

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 Minnesota. 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 67 year old female with a date of injury of 7/11/2011. She underwent arthroscopy of the left knee on May 29, 2013 for management of meniscal tears and chondromalacia. The surgery was not beneficial. An MRI scan dated 3/21/2014 revealed post-operative changes consistent with meniscectomy, a residual tear in the body of the medial meniscus, and a horizontal tear was suggested in the body of the lateral meniscus. There was tricompartmental osteoarthritis, moderate in the medial compartment and mild in the patellofemoral and lateral compartments, small knee effusion, 1 cm focus of stress reaction in the medial aspect, middle third of the medial femoral condyle and intact ligaments and tendons. On 9/20/2014 there was a complaint of knee pain. On exam there was limping, use of a cane, tenderness, effusion, range of motion 0-105 degrees, positive patellar tap test, and history of failed treatment with knee sleeve, medications and activity modifications. No recent comprehensive knee physical therapy program and corticosteroid injections or viscosupplementation with trial and failure was documented. A request for total knee arthroplasty was non-certified by Utilization Review for lack of documentation of a recent conservative protocol with failure per guidelines. The disputed issues pertain to the request for a left total knee arthroplasty and ancillary services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total Knee 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), Indications for Surgery

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Knee, Topic: Total Knee Replacement

Decision rationale: California MTUS does not address the criteria for a total knee arthroplasty. Official Disability Guidelines include a recent supervised physical therapy or home rehab exercises and conservative treatment with NSAIDs, corticosteroid injections or viscosupplementation with trial/failure and range of motion less than 90 degrees. The documentation does not indicate any comprehensive recent conservative treatment program with failure to improve the range of motion and strength. The range of motion was 105 degrees on the last exam. Although this is not a contraindication, the absence of a documented recent conservative treatment program does not meet the guideline criteria and as such the request for a left total knee arthroplasty is not supported by guidelines and is not medically necessary.

3 Days Inpatient Hospital Stay: 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), Section: Knee, Topic: Total knee replacement

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

Medical clearance with CBC, CMP, UA, Chest X-Ray, EKG: 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) Section: Knee, Topic: Total Knee Replacement

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

Consult with anesthesiologist: 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) Section: Knee, Topic: Total Knee Replacement

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

DME: CPM unit x 10 days: 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) Section: Knee, Topic: Total Knee Replacement

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

7-10 days Nursing Facility: 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) Section: Knee, Topic: Total Knee Replacement

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

Post-Operative Physical Therapy 2 x 6 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Knee, Topic: Total Knee Replacement

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

Surgical clearance with internist: 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) Section: Knee, Topic: Total Knee Replacement

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

X-Ray of 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Knee, Topic: Total Knee Replacement

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

X-Ray of the Right Knee: 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) Section: Knee, Topic: Total Knee Replacement

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

AP standing X-ray: 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) Section: Knee, Topic: Total Knee Replacement

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