MAXIMUS Federal Services

Case Number:	CM14-0193097		
Date Assigned:	12/01/2014	Date of Injury:	10/05/2010
Decision Date:	02/03/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/18/2014

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 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 70-year-old male with osteoarthritis of the left knee. The date of injury is 10/5/2010. Per the last progress report dated 8/26/2014 the injured worker stated that medications and physical therapy were helping his symptoms. The pain level was 3-4/10 in the right knee and 5-6/10 in the left knee. Current mechanical symptoms are not documented. Past history was remarkable for a right total knee arthroplasty on July 19, 2013. On examination he ambulated with an antalgic gait. There was mild to moderate tenderness over the medial joint line, lateral joint line and patella. Patellofemoral crepitus was noted in the left knee. Motor function was 4/5 for knee flexion and extension bilaterally. Reflexes were 2+ in both knees. Range of motion of the left and right knees was 0/130 degrees bilaterally. The diagnosis was osteoarthritis, left knee; status post prior left knee surgery. Another diagnosis was shortness of breath. The findings of the previous surgery were not reported. A left total knee arthroplasty was requested. This was noncertified by utilization review citing ODG guidelines with regard to range of motion requirements, and absence of documentation of osteoarthritis in 2 compartments on standing films or on previous arthroscopic findings. The radiology report or the operative report 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 arthroplasty: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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 Arthroplasty.

Decision rationale: California MTUS guidelines do not list the criteria for a total knee arthroplasty. ODG guidelines were therefore used. The guidelines mention criteria for knee joint replacement which include presence of osteoarthritis in 2 of the 3 compartments, documentation of conservative care with exercise therapy, medications, viscosupplementation, or corticosteroid injections. Subjective clinical findings including range of motion less than 90 and nighttime joint pain and no relief with conservative treatment. Documentation of current functional limitations is also necessary. The body mass index needs to be less than 40. Imaging clinical findings of osteoarthritis on standing x-rays or previous arthroscopic evidence of advanced chondral erosion or exposed bone needs to be present. The available documentation does not include a radiology report and also does not include the operative report. Therefore the degree of osteoarthritis and the number of compartments involved is not known. Evidence of corticosteroid injections or Viscosupplementation is not provided. Body mass index is not mentioned. The response to physical therapy and the duration of the treatment is not documented. Based upon the above, the guideline criteria are not supported and as such, the medical necessity of the request for a total knee arthroplasty is not substantiated.

Associate surgical services: Pre-op clearance: 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.

Associate surgical services: Pre-op labs: 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.

Associate surgical services: Chest 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 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.

Associate surgical services: EKG: 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.

Associate surgical services: post-op in-home physical therapy, x18: 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.

Associate surgical services: Post-op physical therapy, x8: 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.

Associate surgical services: Home health cae, 3hrs/day x 5days/week for 3 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.

Associate surgical services: RN evaluation and administration of Lovenox injections: 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.

Associate surgical services: Knee brace: 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.

Associate surgical services: walker: 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.

Associate surgical services: 3 in 1 commode: 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.

Associate surgical services: shower chair: 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.

Associate surgical services: Knee exercise kit: 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.

Associate surgical services: Picker: 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.