MAXIMUS Federal Services

Case Number:	CM14-0200999		
Date Assigned:	12/11/2014	Date of Injury:	09/21/2000
Decision Date:	02/11/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/02/2014

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 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:

This is a 57 year old female who sustained a work related injury on September 21, 2000. The injured worker got her ankle stuck between two pallets. Per Utilization Review documentation dated November 10, 2014 the injured worker is currently diagnosed with right knee arthritis. She had prior right knee arthroscopies performed in January of 2000 and March of 2001. Per documentation dated May 12, 2014 the injured worker had an MRI of the right knee performed March 22, 2012 which revealed moderate to severe degenerative arthritic changes to the medical compartment, with moderate patellofemoral and mild lateral compartment osteoarthritic changes, tri-compartmental osteophytic spur formation, mild to moderate fraying of the medical meniscal body, a small right knee joint effusion and a small lobulated Bakers cyst. The injured worker also underwent an MRI of the lumbar spine on January 13, 2014 which revealed a central disc protrusion with disc degeneration at lumbar three-lumbar four levels and a circumferential disc budge and disc degeneration at the lumbar four-lumbar five levels. Work status is temporarily totally disabled. Utilization Review makes reference to a progress note dated October 13, 2014. However, the referenced document was not submitted for this review. Most current documentation dated June 23, 2014 revealed that the injured worker had an antalgic gait on the right side. Physical examination of the right knee noted tenderness to the medical and lateral joint line and tenderness over the patellofemoral joint. Crepitus was noted with range of motion. Range of motion revealed ten degrees of full extension and to ninety degrees of flexion. There was weakness to the knee on extension and flexion due to pain. Diagnosis was status post right knee arthroscopy times two with posttraumatic arthrosis. The treating physician requested internal medicine pre-operative clearance, a right knee total knee arthroplasty and a registered nurse assessment for post-operative wound care and home aid. Utilization Review evaluated and denied the requests on November 10, 2014. Utilization Review denied the request for a right

total knee arthroplasty due to lack of documentation that the injured worker had failed recent conservative treatment prior to the proposed surgery. Also, recent studies of the right knee were not submitted for review. The medical necessity for the right total knee arthroplasty is not established. Therefore, the request for an internal medicine pre-operative clearance and a registered nurse assessment for post-operative wound care and home aid is not deemed medically necessary. MTUS and Official Disability Guidelines were referenced and per the guidelines the medical necessity of the requested surgery, pre-operative clearance and registered nurse assessment has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

One registered nurse assessment for post-operative wound care and home aid: 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.

Internal medicine pre-operative 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.

One right total 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 (ODG), Knee Chapter.

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, Arthroplasty.

Decision rationale: CA MTUS/ACOEM is silent on the issue of total knee replacement. According to the Official Disability Guidelines regarding Knee arthroplasty: Criteria for knee joint replacement which includes conservative care with subjective findings including limited range of motion less than 90 degrees. In addition the patient should have a BMI of less than 35

and be older than 50 years of age. There must also be findings on standing radiographs of significant loss of chondral clear space. The clinical information submitted demonstrates insufficient evidence to support a knee arthroplasty in this patient. There is no documentation from the exam notes from 6/23/14 of increased pain with initiation of activity or weight bearing. There are no records in the chart documenting when physical therapy began or how many visits were attempted. There is no formal weight bearing radiographic report of degree of osteoarthritis. Therefore the guideline criteria have not been met and the request is not medically necessary.