

<b>Case Number:</b>	CM14-0055419		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	04/22/2012
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 48-year-old male with a history of industrial injury to both knees on 4/22/2012. The most recent progress note of 3/31/2014 recommends bilateral total knee arthroplasties. The records document conservative treatment with medication, bracing, physical therapy, and 2 series of viscosupplementation. The range of motion of the left knee is 0-110 degrees and the right knee is 0-100 degrees. Standing x-rays of both knees were obtained on 3/26/2014. The x-rays were reported to show mild to moderate narrowing without degenerative changes of the medial compartment of the right knee and mild degenerative changes of the patella unchanged from 5/21/2013. Left knee showed mild narrowing without degenerative changes of the medial compartment and minimal degenerative changes of the patella, unchanged from 5/21/2013. The BMI is not documented. A request for bilateral total knee arthroplasties was non-certified by.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Total Knee Replacement:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, 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) Section: Knee, Topic: Total Knee Arthroplasty, Bilateral knee replacement.

**Decision rationale:** The California MTUS Guidelines do not address this topic. The Official Disability Guidelines list the criteria for a total knee arthroplasty. These include age over 50, BMI less than 40, range of motion less than 90 degrees, and specific imaging criteria including significant loss of joint space in at least one compartment on the standing films and varus or valgus deformity. The available documentation does not include the BMI. The above listed guideline criteria were all absent particularly the x-ray findings which did not show the degree of degenerative arthritis necessary to warrant a total knee arthroplasty. Furthermore, guidelines do not recommend bilateral total knee arthroplasties due to a high complication rate and mortality of 9.5 percent. Based upon the above guidelines the requested bilateral total knee arthroplasties were not medically appropriate and necessary.

**Inpatient Stay (3-days):** 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 3 day inpatient hospital stay is also not medically necessary.

**Pre-Operative Consultation:** 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 pre-operative consultation is also not medically necessary.

**DME-CPM Machine (6-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:** The requested surgery is not medically necessary. Therefore the 6 week rental of the CPM machine is also not medically necessary.

**Thermo Cooler (4-week rental):** 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.

**Wheelchair (4-week rental): 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.

**Front-Wheel 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:** The requested surgery is not medically necessary. Therefore the ancillary services are also not medically necessary.

**Home Therapy (2 times a week for 5 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:** The requested surgery is not medically necessary. Therefore the ancillary services are also not medically necessary.

**Physical Therapy (2 times a week for 10 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:** The requested surgery is not medically necessary. Therefore the ancillary services are also not medically necessary.

**Extended Care Facility for 2 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:** The requested surgery is not medically necessary. Therefore the ancillary services are also not medically necessary.

**Home Health (once a week for 4 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:** The requested surgery is not medically necessary. Therefore the ancillary services are also not medically necessary.

**Neoprene Braces with Hinges:** 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.