

Case Number:	CM15-0000568		
Date Assigned:	01/12/2015	Date of Injury:	04/28/2011
Decision Date:	03/17/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/02/2015

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: New York
 Certification(s)/Specialty: Neurological 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 60 year old man sustained an industrial injury on 4/28/2011 feeling a stretch in his knee while crawling under a house. The treating diagnosis is end stage right knee osteoarthritis. Treatment has included arthroscopy, oral medications, two video supplementation series, brace, physical therapy, and steroid injections. Per PR-2 11/4/2014 he complained of constant pain that interrupts his sleep and leisure activities. He lacked 20 degrees of extension but flexed 105 degrees and exhibited painful crepitus. His provider stated that he had failed two years of surgical and non-surgical treatment for osteoarthritis. Further, his pain tolerance is low and a skilled nursing facility stay is crucial to avoid post-operative stiffness. Physician notes from 12/29/2014 state that the x-rays were repeated in office, which showed medial bone on bone contact. On 12/15/2014, Utilization Review evaluated prescription for a right total knee replacement with 3-7 day inpatient stay within MPN, medical clearance in-house, pre-operative laboratory work, seven day stay at a skilled nursing facility, and an autologous blood transfusion of two units, that was submitted on 12/29/2014. The UR physician noted that there are no recent radiological reports available, those that are submitted are from 2011 and do not support end stage osteoarthritis. The MTUS, ACOEM Guidelines, or ODG was cited as well as a few Non-MTUS or ACOEM Guidelines. The requests were denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right total knee replacement inpatient 3-7 day inpatient stay: Upheld

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

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

Decision rationale: ODG guidelines list criteria for knee replacement which are not documented in the record, namely failed exercise therapy, limited range of motion, documentation of prior arthroscopy findings, varus-valgus deformity on standing films as well as a clear documentation of chondral space. The PR2s of 12/29/2014, 8/25/2014, 9/22/2014 as well as 10/6/2014 all list good range of motion. The PR2 of 12/29/2014 noted the injured worker attested to having good days and bad. Physical examination findings are sparse in the record to validate the requested knee arthroplasty. The medication record does not attest to the worker taking the least amount of medication with the least frequency to achieve improvement. Since documentation is not supplied to meet guidelines, then 3-7 day inpatient hospital stay would also not be necessary since the operation is not necessary.

Medical clearance in house: 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 Since the right total knee replacement is not recommended, medical clearance in house is not needed.

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

Pre op lab work: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape: Preoperative Testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the right total knee replacement is not recommended, pre op lab work is not needed.

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

Skilled nursing facility 7 day 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 Since the right total knee replacement is not recommended, skilled nursing facility 7 day stay is not needed.

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

Autologous blood 2 units: 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 Since the right total knee replacement is not recommended, autologous blood 2 units is not needed.

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