

Case Number:	CM15-0007059		
Date Assigned:	01/22/2015	Date of Injury:	07/05/1990
Decision Date:	03/30/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/13/2015

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:

The injured worker is a 52 year old female, who sustained an industrial injury on July 5, 1990. She has reported injury to both knees and the lower back. The diagnoses have included knee pain, status post total knee replacement, low back pain, lumbar discogenic pain syndrome and chronic pain syndrome. Treatment to date has included surgery, medications, physical therapy and knee injections. Currently, the injured worker complains of worsening knee pain. She stated that physical therapy and knee injections were not helpful in the past. Her medications are also not helpful as her pain is severe most days. She rated the pain as a 7-9 on the 1-10 pain scale without medications and as a 5-7 with medications. On December 31, 2014, Utilization Review non-certified right total knee arthroplasty, assistant surgeon, inpatient stay per day x 3, home health aide per day #6, post-op physical therapy #12, walker purchase, cold therapy unit purchase, femoral block anesthesia, pre-op complete blood count, pre-op Chem 7, pre-op urinalysis and pre-op electrocardiogram, noting the Official Disability Guidelines and California Medical Treatment Utilization Schedule Guidelines. On January 13, 2015, the injured worker submitted an application for Independent Medical Review for review of right total knee arthroplasty, assistant surgeon, inpatient stay per day x 3, home health aide per day #6, post-op physical therapy #12, walker purchase, cold therapy unit purchase, femoral block anesthesia, pre-op complete blood count, pre-op Chem 7, pre-op urinalysis and pre-op electrocardiogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right total knee arthroplasty QTY: 1.00: 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: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343,330. Decision based on Non-MTUS Citation Knee Replacement Chapter

Decision rationale: The California MTUS guidelines note referral for surgical consideration is indicated for those patients who have had a failure in their exercise program to increase strength and range of motion. In that this patient's range of motion had been close to normal for the right knee, the next criteria of activity limitation needs examination. The documentation does not give evidence of exactly what this is. The fact that her whole body was hurting after the death of her brother whom she had cared for several months and the fact she had earlier been under the care of a psychiatrist are red flags concerning a surgical decision. No discussion of these issues is found in the documentation. The ODG guidelines for total knee arthroplasty indicate that imaging should document significant loss the chondral clear space. There is no evidence for this in the documentation. The ODG guidelines also indicate there should be a significant limitation of motion. Documentation does not meet the ODG criteria. Thus the requested treatment: Right total knee arthroplasty is not medically necessary and appropriate.

Assistant surgeon QTY: 1.00: 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 requested treatment: Right total knee arthroplasty is not medically necessary and appropriate, then the requested treatment: assistant surgeon is not medically necessary and appropriate.

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

Inpatient stay per day QTY: 3.00: 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 Since the requested treatment: Right total knee arthroplasty is not medically necessary and appropriate, then the requested treatment: Inpatient stay per day QTY:3 is not medically necessary and appropriate

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

Home Health aide per day QTY: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: Right total knee arthroplasty is not medically necessary and appropriate, then the requested treatment: Home health aide per day QTY: 6 is not medically necessary and appropriate

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

Post-op physical therapy QTY: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: Right total knee arthroplasty is not medically necessary and appropriate, then the requested treatment: Post-op physical therapy QTY: 12 is not medically necessary and appropriate

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

Walker purchase QTY: 1.00: 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 requested treatment: Right total knee arthroplasty is not medically necessary and appropriate, then the requested treatment: Walker purchase QTY:1 is not medically necessary and appropriate

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

Cold therapy unit purchase purchase QTY: 1.00: 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 Since the requested treatment: Right total knee arthroplasty is not medically necessary and appropriate, then the requested treatment: Cold therapy unit purchase QTY:1 is not medically necessary and appropriate

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

Pre-op CBC QTY: 1.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: Right total knee arthroplasty is not medically necessary and appropriate, then the requested treatment: Pre-op CBC QTY: 1 is not medically necessary and appropriate

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

Pre-op Chem 7 QTY: 1.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: Right total knee arthroplasty is not medically necessary and appropriate, then the requested treatment: Pre-op Chem 7 QTY: 1 is not medically necessary and appropriate.

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

Femoral block anesthesia QTY: 1.00: 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 requested treatment: Right total knee arthroplasty is not medically necessary and appropriate, then the requested treatment: Femoral block anesthesia QTY: 1 is not medically necessary and appropriate.

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

Pre-op Urinalysis QTY 1.00: 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 requested treatment: Right total knee arthroplasty is not medically necessary and appropriate, then the requested treatment: Pre-op urinalysis QTY: 1 is not medically necessary and appropriate.

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

Pre-op EKG QTY: 1.00: 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 requested treatment: Right total knee arthroplasty is not medically necessary and appropriate, then the requested treatment: Pre-op EKG QTY: 1 is not medically necessary and appropriate.

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