

Case Number:	CM15-0102907		
Date Assigned:	06/05/2015	Date of Injury:	05/30/2012
Decision Date:	08/20/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/28/2015

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: California
 Certification(s)/Specialty: Orthopedic 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 56 year old male, who sustained an industrial injury on 05/31/2012. Initial complaints and diagnosis were not clearly documented. On provider visit dated 04/02/2015 the injured worker has reported right knee pain. The injured worker was noted to be status post total knee arthroplasty on 05/29/2013. The pain was noted as progressively getting worse. Pain was rated as 7 or 8 out of 10. Band described as constant and stabbing. Per documentation the injured worker has had knee fluid and a nuclear bone scan. Problems during visit were noted as knee pain and loosening of prosthesis. On examination the right knee was noted as having a well healed benign incision. Stable ligament exam, full range of motion and pain the lateral joint line near the IT band, and pain with internal rotation were noted. The diagnoses have included replacement of total knee joint and loosening of prosthesis. Treatment to date has included medication and laboratory studies. The provider requested right knee revision of the tibia component and exchange of poly vs right revision total knee arthroplasty, pre-op medical clearance of laboratory studies, chest x-ray and electrocardiogram, post-op knee immobilizer, associated surgical services of front wheel walker, home health physical/occupational therapy 3 x 2 right knee, home health nursing 2x2 for blood draws and post-op physical therapy 3x4 right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Revision of The Tibia Component and Exchange of Poly Vs Right Revision Total Knee Arthroplasty: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse.

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 revision knee arthroplasty in this patient. There is no documentation from the exam notes from 4/2/15 of infection, loosening or other evidence of hardware failure. There are no records in the chart documenting when physical therapy began or how many visits were attempted. There is no documented BMI in the records submitted. There is no formal workup for septic versus aseptic loosening. Therefore the guideline criteria have not been met and the determination is not medically necessary.

Pre-Op Medical Clearance to Include CBC, CMP, UA, PT/INR, MRSA Screening, HIV, Hep C, Chest X-Ray and EKG: 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 Official Disability Guidelines, Low Back, Preoperative testing.

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

Post-Op Knee Immobilizer: 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 Official Disability Guidelines (ODG) Knee and Leg, DME.

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

Associated Surgical Service: 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg, DME.

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

Associated Surgical Service: Home Health Physical/Occupational Therapy 3x2 Right Knee: 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.

Associated Surgical Service: Home Health Nursing 2x2 for Blood Draws: 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.

Post-Op Physical Therapy 3x4 Right Knee: 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.