

Case Number:	CM15-0017559		
Date Assigned:	02/09/2015	Date of Injury:	11/06/2013
Decision Date:	04/09/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	01/29/2015

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 64 year old, male patient, who sustained an industrial injury on 11/06/2013. A primary treating office visit dated 12/03/2014 reported the chief complaint of right knee pain. Physical examination found crepitation with range of motion. There is 0-120 degrees of flexion. There is no laxity with varus and valgus stress. He is diagnosed with right knee post-traumatic arthritis. The plan of care involved undergoing a right knee arthroplasty. The patient is deemed temporarily totally disabled from 12/03/2014 through 02/01/2015. On 01/29/2015, a request was made for the following services; total knee arthroplasty, right knee; assistant surgeon; medical clearance to include; blood work, urinalysis, electrocardiogram and chest radiography; inpatient hospitalization 2-3 day stay and cardiac clearance. On 01/27/2015, Utilization Review non-certified, the request, noting the Official Disability Guidelines, Knee Replacement, was cited. The injured worker submitted an application for independent medical review of services requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total knee Arthroplasty, right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee joint replacement.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 337, 343, 352.

Decision rationale: The California MITUS guidelines recommend an exercise program for patients with knee complaints. Documentation does not describe the content or management of such a program for the worker. Documentation on 1/27/2015 described the conclusion that cortisone injections had not been made, but rather hyaluronidase. The Utilization review denial was based in part on the fact the documentation was over five months old. The PR2 of 1/27/2015 noted that the patient's range of motion had improved to flexion of 120 degrees compared to 90 on the 10/16/2014 visit. The question of the patient's obesity and a diet program has not been answered in the documentation as the BMI of 37.2 was noted to be close to the denial point of 40. Since one of the criteria for the total knee arthroplasty is failure of a conservative program, the evidence does not show such a failure to be case. Thus the requested treatment: total knee arthroplasty, right knee is not medically necessary and appropriate.

Medical pre-operative clearance with testing; comp metabolic panel, CBC with diff, UA, PT/PTT: 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: In-patient hospital 2-3 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 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.

Pre-op medical cardio clearance for heart condition: 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.

Assistant surgeon: 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.

Pre-op EKG with interpretation: 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.

Pre-op chest x-ray 2 views with written report: 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.