

Case Number:	CM15-0132322		
Date Assigned:	07/20/2015	Date of Injury:	02/02/1994
Decision Date:	08/19/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/08/2015

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: Montana, Oregon, Idaho
 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 64 year old female, who sustained an industrial injury on 2/2/94. Initial complaint was of the right knee. The injured worker was diagnosed as having osteoarthritis localized primary involving lower leg; advanced right knee degenerative joint disease; medication-induced gastritis symptoms; reactionary depression/anxiety secondary to injury. Treatment to date has included status post multiple right knee surgeries; physical therapy; TENS unit; medications. Diagnostics studies included MRI right knee (8/12/13); X-rays right knee (4/1/14). Currently, the PR-2 notes dated 5/12/15 indicated the injured worker complains of ongoing pain in her right knee which limits her mobility and activity tolerance. She was last seen in this office on 4/8/15. The provider documents she has had extensive surgical intervention including undergoing five arthroscopic surgeries but unfortunately remains symptomatic. Her orthopedic surgeon has recommended a total right joint arthroplasty. She has received corticosteroid injections into her right knee in the past which only provided short term relief. She remains on her current oral analgesic medications which include Norco 10/325mg two tabs daily along with Anaprox, Tramadol, Ultracet and Prilosec which she reports beneficial. She recently started Prozac 20mg for stabilizing her mood but her depression has gotten worse and she is now being treated by a psychiatrist who started her on Celexa and possibly Seroquel and Doral. The provider is requesting authorization of right total knee arthroplasty with computer assisted; cold therapy unit for hospital and home use x30 days rental or purchase and in-home physical therapy 3 x a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right total knee arthroplasty with computer assisted: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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) knee 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 knee arthroplasty in this patient. There is documentation from the exam notes from 5/21/15 documenting a BMI of 34.5 and a range of motion from 10-110 degrees. There is no formal weight bearing radiographic report of degree of osteoarthritis. Therefore the guideline criteria have not been met and the request for total knee arthroplasty is not medically necessary.

Associated surgical services: In-home physical therapy 3 x 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical services: Cold therapy unit for hospital and home use x 30 day rental or purchase: 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) leg chapter.

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