

Case Number:	CM15-0194209		
Date Assigned:	10/08/2015	Date of Injury:	03/19/2008
Decision Date:	12/23/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/02/2015

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: 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 74-year-old male, who sustained an industrial injury on 3-19-08. The documentation on 9-8-15 noted that the injured worker has complaints of left knee pain. There is decreased range of motion and joint pain. There is muscle weakness and swelling of extremities. The documentation on 7-16-15 noted that the injured workers symptoms have improved compared to preoperative and post-operative pain has been mild. The left flexion passive range of motion was 125 degrees and effusion sensation was normal. The diagnoses have included osteoarthritis, unspecified whether generalized or localized, lower leg. Treatment to date has included right total knee replacement and physical therapy. The documentation listed that the injured workers medications are listed as Keflex; Bactrim DS; carisoprodol; colcrlys; cyclobenzaprine; dexilant; erythromycin; fluticasone; hydrochlorothiazide; latanoprost; leflunomide; methyl prednisolone; montelukast sodium; ondansetron; oxycodone-acetaminophen; potassium chloride; prednisone; restates; tamsulosin and terazosin. The original utilization review (9-15-15) non-certified the request for left total knee arthroplasty; associated surgical services, 3 day inpatient stay; post-operative cooling system; pre-operative clearance with an internist or general practitioner and post-operative 14 day stay in convalescent home.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left total knee arthroplasty: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & 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 no documentation from the exam notes from 9/8/15 of increased pain with initiation of activity or weight bearing. There are no records in the chart documenting when physical therapy began or how many visits were attempted. There is no evidence in the cited examination notes of limited range of motion less than 90 degrees. There is no formal weight bearing radiographic report of degree of osteoarthritis. Therefore, the guideline criteria have not been met and the request is not medically necessary.

Associated surgical service: 3-day inpatient 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.

Post-operative cooling system: 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-operative clearance with an internist or general practitioner: 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-operative 14-day stay in convalescent home: 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.