

Case Number:	CM15-0197308		
Date Assigned:	10/14/2015	Date of Injury:	07/03/2012
Decision Date:	12/28/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/07/2015

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, Indiana, Oregon 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:

This 65 year old female sustained an industrial injury on 7-3-12. Documentation indicated that the injured worker was receiving treatment for right knee degenerative joint disease. Previous treatment included right knee meniscectomy (2013), physical therapy, bracing, injections and medications. X-ray of the right knee (8-25-15) showed moderate to severe medial compartment osteoarthritis and no evidence of acute right knee osseous injury. In a Doctor's First Report of Occupational Injury dated 8-25-15, the injured worker complained of ongoing "moderately severe" right knee pain with occasional swelling. Pain was alleviated with Tramadol and elevating the leg. The injured worker reported that the pain woke her from sleeping every night. The injured worker could walk for two blocks and had difficulty using stairs. The injured worker reported that she had been using a cane for three years. The injured worker reported that physical therapy, injections and bracing did not improve her pain for more than 4 to 5 days. Physical exam was remarkable for right knee with trace effusion, mild crepitus in the medial and patellofemoral compartments, range of motion 0 to 130 degrees and alignment 3 degrees of varus, passively correctable. The physician stated that x-rays showed "bone-on-bone" arthritis in the medial compartment and arthritic changes in the lateral and femoral compartment. The physician recommended right total knee replacement with associated surgical services including electrocardiogram, chest x-ray, preoperative follow-up visit and preoperative laboratory work and a pain management consultation. On 9-9-15, Utilization Review noncertified a request for a right total knee replacement, electrocardiogram, chest x-ray, preoperative follow-up visit and preoperative laboratory work.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right total knee replacement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Claims Administrator based its decision on the Non-MTUS ACOEM, 2011, Chapter 15-Knee Disorders, ACOEM, Chapter 7-Independent Medical Examinations and Consultations, Official Disability Guidelines (ODG), Knee and Leg Chapter, Knee joint replacement, knee arthroplasty.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee.

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. In this case, there is ample evidence of arthritis and symptoms, however there is no documentation of physical therapy as recommended explicitly in ODG knee. Further there is no significant limitation in range of motion. Based on this, the request is not medically necessary.

Associated surgical service: 1 Electrocardiogram: 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: Chest x-ray: 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.

1 Pre-operative follow-up visit: 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.

1 Pre-operative lab work: Complete blood count: 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.

1 Pre-operative lab work: Comprehensive Metabolic Panel: 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.

1 Pre-operative lab work: Prothrombin time: 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.

1 Pre-operative lab work: Partial prothrombin time: 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.

1 Pre-operative lab work: Urinalysis: 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.