

Case Number:	CM15-0204338		
Date Assigned:	10/21/2015	Date of Injury:	03/25/2007
Decision Date:	12/31/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/19/2015

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, Hand Surgery, Sports Medicine

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 62-year-old male, who sustained an industrial injury on 3-25-2007. The injured worker was diagnosed as having right knee osteoarthritis. Treatment to date has included diagnostics, right knee arthroscopies, intra-articular injections, viscosupplementation, steroid injections, and medications. Currently (9-24-2015), the injured worker complains of worsening pain in his right knee and limited range of motion. Difficulty with activities of daily living was noted. Medications included Nabumetone and Verapamil. Physical exam of the right knee noted range of motion 5-85 degrees, healed scars in the medial aspect of the right knee, tenderness along the medial and lateral joint line, mild to moderate palpable effusion, and no gross instability. X-rays were documented to demonstrate "significant medial compartment arthritis as well as a retained medial collateral ligament type of staple". Follow-u visit on 9-29-2015 noted ESR value of 36 and C-reactive protein value of 43.6. The treatment plan included a right total knee replacement and associated surgical services, non-certified by Utilization Review on 10-08-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee total knee right replacement: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery-Knee arthroplasty.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Campbell's Operative Orthopaedics, 11th ed. Chapter 6, Arthroplasty of the Knee.

Decision rationale: The California MTUS guidelines would support referral for surgical consultation in a case such as this with an individual with long-standing pain interfering with activity despite routine non-surgical treatment including medications, supervised therapy and independent exercise (page 343). The California Guidelines do not address this particular surgery, but it is discussed in detail in the specialty text referenced. In this case, extensive treatment is documented including anti-inflammatory pain medications, supervised therapy, independent exercise, multiple corticosteroid and viscosupplementation injections, and multiple arthroscopic surgeries. Severe arthrosis is documented on x-rays, multiple MRIs and at the time of prior surgical inspection of the joint with surgery reports over 10 years ago noting areas of full-thickness articular cartilage loss in the knee. Records document severe ongoing symptoms limiting activity with objective examination findings including crepitus, varus deformity and an effusion in the joint. With severe symptoms limiting activity despite extensive nonsurgical treatment and arthroscopic surgery, consideration of total knee arthroplasty is reasonable.

Associated surgical services: Inpatient hospital stay (2-days): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hospital Length of Stay: Total Knee Replacement.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Campbell's Operative Orthopaedics, 11th ed. Chapter 6, Arthroplasty of the Knee.

Decision rationale: This is a request for a 2-day hospitalization as part of aftercare following planned knee replacement surgery. Surgical treatment details are not included in the California MTUS guidelines, but are covered in the specialty text referenced. Patient's routinely spend 2 or 3 nights in the hospital following such surgery and the requested hospitalization is a standard and appropriate component of treatment of severe knee arthritis with joint replacement.

Preoperative labs: ESR: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Preoperative lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Testing Before Noncardiac Surgery:

Guidelines and Recommendations, Mayo Clinic, Rochester, Minnesota, Am Fam Physician. 2013 Mar 15;87 (6): 414-418.

Decision rationale: The California MTUS does not address preoperative testing. An extensive systematic review referenced above concluded that there was no evidence to support routine preoperative testing. More recent practice guidelines recommend testing in select patients guided by a perioperative risk assessment based on pertinent clinical history and examination findings, although this recommendation is based primarily on expert opinion or low-level evidence. In this case, it is documented that the ESR was elevated at 36 in September 2015 which is concerning for infection and if there is ongoing evidence of active infection that would be an absolute contraindication to the proposed knee replacement surgery. Therefore, the requested repeat erythrocyte sedimentation rate is an appropriate part of this individual's evaluation to confirm that they are a reasonable candidate for the planned knee replacement.

Preoperative labs: CRP: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Preoperative lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Testing Before Noncardiac Surgery: Guidelines and Recommendations, Mayo Clinic, Rochester, Minnesota, Am Fam Physician. 2013 Mar 15;87 (6): 414-418.

Decision rationale: The California MTUS does not address preoperative testing. An extensive systematic review referenced above concluded that there was no evidence to support routine preoperative testing. More recent practice guidelines recommend testing in select patients guided by a perioperative risk assessment based on pertinent clinical history and examination findings, although this recommendation is based primarily on expert opinion or low-level evidence. In this case, it is documented that C-reactive protein was elevated to 43.6 in September 2015 which is concerning for infection and if there is ongoing evidence of active infection that would be an absolute contraindication to the proposed knee replacement surgery. Therefore, the requested repeat C-reactive protein test is an appropriate part of this individual's evaluation to confirm that they are a reasonable candidate for the planned knee replacement.