

Case Number:	CM15-0021466		
Date Assigned:	02/11/2015	Date of Injury:	06/14/1999
Decision Date:	04/07/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/04/2015

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 54 year old male, who sustained an industrial injury on 6/14/1999. He has reported left knee injury while working for the gas company. The diagnoses have included status post left total knee arthroplasty with instability. Treatment to date has included medications, diagnostics, conservative measures and physical therapy. Exam note 1/5/15 demonstrates the injured worker complains of persistent left knee instability with buckling status post left total knee arthroplasty one and a half years ago. The instability is worse with kneeling, stairs and squatting and is associated with swelling and moderate pain. Conservative treatment has not relieved the symptoms. Physical exam of the left knee revealed well aligned knee with well-healed surgical scars, moderate effusion on palpation with minimal pain at medial knee joint line. There was mild varus/valgus instability in full extension and significant varus/valgus instability in mid flexion. The left knee x-ray dated 2/13/14 revealed well placed and fixed total knee arthroplasty with no evidence of loosening, malalignment or implant failure. Nerve conduction studies dated 9/23/14 for left leg muscle spasms revealed no evidence of lumbosacral radiculopathy, peroneal neuropathy, tibial neuropathy or peripheral neuropathy. Treatment plan was for surgical intervention. Work status was temporary totally disabled. On 1/19/15 Utilization Review non-certified a request for Revision Left Total Knee Arthroplasty, Pre-Op Consult with Treating Physician, Associated Surgical Service: Inpatient Stay for 2 Days, Associated Surgical Service: 18 Physical Therapy Sessions, Associated Surgical Service: Lovenox 40 MG Pre-Filled Syringes for 10 Days, noting that regarding the Revision Left Total Knee Arthroplasty, guidelines do not recommend any surgery in the absence of clear clinical

and radiographic evidence of a surgery that will improve with the procedure. Regarding the Pre-Op Consult with Treating Physician, Associated Surgical Service: Inpatient Stay for 2 Days, Associated Surgical Service: 18 Physical Therapy Sessions, Associated Surgical Service: Lovenox 40 MG Pre-Filled Syringes for 10 Days, the physician noted that as surgery is not supported then Pre-Op Consult with Treating Physician, Associated Surgical Service: Inpatient Stay for 2 Days, Associated Surgical Service: 18 Physical Therapy Sessions, Associated Surgical Service: Lovenox 40 MG Pre-Filled Syringes for 10 Days is not supported. The (MTUS) Medical Treatment Utilization Schedule, (ACOEM) Occupational Medicine Practice Guidelines and Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Revision Left Total Knee Arthroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Arthroplasty.

Decision rationale: 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 revision knee arthroplasty in this patient. There is no documentation from the exam notes from 1/5/15 of infection, loosening or other evidence of hardware failure. There are no records in the chart documenting when physical therapy began or how many visits were attempted. There is no documented BMI in the records submitted. There is no formal workup for septic versus aseptic loosening. Therefore the guideline criteria have not been met and the determination is for non-certification.

Pre-Op Consult with Treating Physician: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain section, Office visits.

Decision rationale: CA MTUS/ACOEM is silent on office visits. According to the ODG Pain section, Office visits, Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the

proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In this case the exam note from 1/5/15 does not demonstrate a failed total joint, failure of non-operative management or a calculated BMI to satisfy the total knee revision requirements. Therefore, this does not warrant a preoperative consult with the treating physician. Therefore the determination is for non certification.

Associated Surgical Service: Inpatient Stay for 2 Days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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: 18 Physical Therapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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: Lovenox 40 MG Pre-Filled Syringes for 10 Days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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.