MAXIMUS Federal Services

Case Number:	CM15-0025607		
Date Assigned:	02/18/2015	Date of Injury:	07/19/2012
Decision Date:	04/07/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/10/2015

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 50 year old male, who sustained an industrial injury on July 19, 2012. He has reported neck pain, low back pain, upper back pain, right shoulder pain and right knee pain. The diagnoses have included right knee pain, neck pan, cervical disk disease, cervical radiculitis, right shoulder pain, Partial thickness tear of the right supraspinatus tendon, status post-surgery on May 20, 2013, right knee pain status post-surgical intervention on July 31, 2013, tinnitus, low back pain, thoracic pain and carpal tunnel syndrome. Treatment to date has included radiographic imaging, diagnostic studies, laboratory studies, surgical interventions, conservative therapies, treatment modalities, pain medications and work restrictions. Currently, the IW complains of neck pain, low back pain, upper back pain, right shoulder pain and right knee pain. The injured worker reported an industrial injury in 2012, resulting in the above pain. He reported carpal tunnel surgery in April of 2014 relieving previous hand pain and numbness. The currently reported pain has been conservatively treated conservatively and with steroid injections. He reported nausea, insomnia, headaches, constipation, diarrhea, stomach upset and depression associated with the pain. On July 21, 2014, evaluation revealed continued pain. On December 5, 2014, evaluation revealed continued pain. Exam note 1/2/15 demonstrates decreased straight leg raise of 60-70 degrees with pain. Plain radiographs from 12/26/14 demonstrates no significant osseous lesions and no degenerative changes. Exam note from 1/12/15 demonstrates 5-110 degree range of motion. On January 23, 2015, Utilization Review non-certified a request for Right Knee Total Joint Arthroplasty with 3 Day LOS, noting the MTUS, ACOEM Guidelines,

(or ODG) was cited. On February 6, 2015, the injured worker submitted an application for IMR for review of requested Right Knee Total Joint Arthroplasty with 3 Day LOS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Total Joint Arthroplasty With 3 Day LOS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee Chapter. Indications for Surgery.

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: 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 1/12/15 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 weight bearing radiographic report of degree of osteoarthritis. Therefore the guideline criteria have not been met and the determination is for non-certification.