

Case Number:	CM15-0029021		
Date Assigned:	02/23/2015	Date of Injury:	04/22/2013
Decision Date:	05/01/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/17/2015

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 62-year-old male who reported injury on 04/22/2013. The mechanism of injury was a trip and fall. The documentation of 04/17/2014 revealed the injured worker had been given a corticosteroid injection into his left knee and felt relief for 3 days. The injured worker completed 7 sessions of water therapy and had outpatient therapy which did nothing for his left knee. Surgical history was noncontributory. The medical history included obesity. Diagnoses included osteoarthritis knee, and knee pain. The documentation indicated the injured worker's BMI was 54.05. The injured worker had 1+ effusion with varus alignment. The injured worker had tenderness to all 3 compartments. The radiographs revealed end stage degenerative changes to the medial compartment and moderate changes to the lateral MPF compartments. The impression was 60-year-old male with osteoarthritis of the left knee, and the recommendation was for a total knee arthroplasty with computer navigation. The documentation indicated the injured worker had failed conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computer Navigated Total Left Knee Arthroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Workers' Compensation, online Edition, Chapter Knee and 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 & Leg Chapter, Arthroplasty.

Decision rationale: The Official Disability Guidelines indicate that an arthroplasty is recommended for injured workers who have failed conservative care including exercise therapy and medications, and who have limited range of motion of less than 90 degrees and night time joint pain, and no pain relief with conservative care. There should be documentation of current functional limitation demonstrating a necessity for intervention, and there should be documentation the injured worker's is over 50 years of age and has a body mass index of less than 40. There should be documentation of osteoarthritis on standing x-rays. The clinical documentation submitted for review indicated the injured worker had failed conservative care. There was however a lack of documentation of limited range of motion and night time joint pain. The injured worker's body mass was greater than 40. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for computer navigated total left knee arthroplasty is not medically necessary.

Associates Surgical Services: Assistant Surgeon: 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 visit with an Orthopedic: 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 Labs (CBC, Comprehensive Metabolic Panel, 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.

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.

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.