

Case Number:	CM15-0030247		
Date Assigned:	02/23/2015	Date of Injury:	09/14/2013
Decision Date:	04/07/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/18/2015

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: Minnesota, Florida
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 female with an industrial injury dated 09/14/2013. The mechanism of injury is documented as falling from a ladder landing on her feet and her buttocks resulting in injury to her low back and bilateral knees. She presented on 01/20/2015 with pain in bilateral knees radiating up to her lumbar spine. She was taking medications as prescribed and needed crutches to ambulate. Physical exam revealed bilateral painful crepitus, antalgic gait. Prior treatment included chiropractic treatment, acupuncture, physical therapy, diagnostics and medications. MRI of lumbar spine dated 09/26/2013 (noted in the 01/28/2015 note) demonstrated a 2-3 mm disc protrusion at lumbar 2-3, lumbar 3-4 and lumbar 4-5. MRI of right knee demonstrated tricompartmental osteoarthritis, medial meniscus tear, and lateral meniscus tear, MRI of left knee done on the same date demonstrated tricompartmental osteoarthritis and anterior cruciate ligament tear. Diagnoses: Lumbar spine, 2-3 mm disc protrusion at lumbar 4-5 with right-sided lumbar 5 radiculopathy. Right knee, severe osteoarthritis with medial and lateral meniscus tear. Left knee, severe osteoarthritis with ACL tear. The request for pre-op medical clearance with labs (CBC, CMP, UA) and EKG was non-certified by utilization review. Post-operative physical therapy three times a week for four weeks was also non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op medical clearance with labs: CBC, CMP, UA and EKG: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Section: Low Back, Topic: Preoperative testing, general, Preoperative testing, labs, and Preoperative testing, electrocardiography, Office visits.

Decision rationale: The documentation indicates that the injured worker has morbid obesity and she is 62 years old. As such, there is increased cardiovascular risk with the need for staged total knee replacement arthroplasties, and the guidelines requirements for preoperative testing have been met. The request for preoperative labs, EKG, and a careful history and physical examination by an internist is supported. As such, with intermediate risk surgery and associated blood loss postoperative intravenous fluid replacement and monitoring, the requested medical clearance and laboratory testing including CBC, CMP, UA, and EKG is medically necessary.

Post-op physical therapy 3 times a week for 4 weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: California MTUS postsurgical treatment guidelines recommend 24 visits over 10 weeks for a total knee arthroplasty. The initial course of therapy is 12 visits and then with documentation of continuing objective functional improvement a subsequent course of therapy of 12 visits may be prescribed. The postsurgical physical medicine treatment may continue for 4 months if necessary. The request for 12 postoperative visits is within the guidelines recommendations and as such, the request is supported and the medical necessity has been substantiated.