

Case Number:	CM15-0033360		
Date Assigned:	02/26/2015	Date of Injury:	06/22/2001
Decision Date:	05/01/2015	UR Denial Date:	02/14/2015
Priority:	Standard	Application Received:	02/23/2015

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, 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 65-year-old male who reported an injury on 10/24/1985. The mechanism of injury was not specifically stated. The current diagnosis is degenerative arthritis of the left knee. The injured worker presented on 02/02/2015 for a follow-up evaluation with complaints of persistent knee pain, swelling, and stiffness. The injured worker was utilizing oxycodone ER and OxyContin 40 mg. Upon examination, there was 5/5 motor strength, a mildly antalgic and limping gait, moderate tenderness to palpation, 2+ effusion, coarse crepitus, and intact sensation. There was 4-/5 motor weakness in the left lower extremity with 0 to 120 degree range of motion. Recommendations at that time included a left total knee arthroplasty. A Request for Authorization form was submitted on 02/02/2015. The official x-ray of the left knee obtained on 08/11/2014 was also submitted for this review and indicated degenerative osteosclerosis of the medial tibial articular surface with associated medial compartment joint space narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Total Knee Replacement Arthroplasty: 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), Treatment Index, 13th Edition (web), 2015, Knee chapter, 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, Knee joint replacement.

Decision rationale: The Official Disability Guidelines state a total knee arthroplasty may be indicated if there are 2 out of 3 compartments affected. Conservative treatments should include exercise therapy and medication or injections. There should be documentation of limited range of motion of less than 90 degrees and nighttime joint pain with no evidence of pain relief with conservative treatment. Imaging studies should reveal osteoarthritis. Patients should be over 50 years of age with a body mass index of less than 40. In this case, it was noted that the injured worker was issued a denial for a cortisone injection and a Euflexxa injection. The injured worker was utilizing oxycodone HCl ER and OxyContin. There is no evidence of an exhaustion of conservative management. There is also no evidence of osteoarthritis in 2 out of 3 compartments. Given the above, the request for a left total knee replacement is not medically appropriate at this time.

Post-Operative Physical Therapy - 12 sessions: 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.

Associated surgical service: Continuous Passive Motion Rental 12 days: 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.

Associated surgical service: Inpatient length of stay (LOS) times 3 days: 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.