

Case Number:	CM15-0033520		
Date Assigned:	02/27/2015	Date of Injury:	12/07/2012
Decision Date:	04/14/2015	UR Denial Date:	02/10/2015
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

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 59 year old male who sustained an industrial related injury on 12/7/12. Exam note 11/14/14 findings including left knee full range of motion with some tenderness along the medial joint line. A small effusion was palpable. Diagnoses included traumatic arthritis of the left hip and traumatic arthritis of the left knee. Treatment included several cortisone injections for the left knee and left hip injections. Medications included Advil. The treating physician requested authorization for left total knee arthroplasty and left total hip arthroplasty to be done together, pre-operative appointment with primary care physician to include history and physical, labs and EKG. 16 post-operative physical therapy sessions were also requested. On 2/10/15 the requests were non-certified. Regarding the surgical procedure, the utilization review (UR) physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines and Official Disability Guidelines. The UR physician noted there was no diagnostic study to document end stage osteoarthritis of evidence that the recent conservative treatment of the hip had failed. Therefore, the request was non-certified. Due to the surgery being non-certified the associated surgical requests were also non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Total Knee Arthroplasty and Left Total Hip Arthroplasty to Be Done Together:
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; Hip and Pelvis, 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 or hip arthroplasty in this patient. There is no documentation from the exam notes from 11/14/14 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 formal independent radiology weight bearing radiographic report of degree of osteoarthritis for the hip or knee. Therefore, the guideline criteria have not been met and the determination is for non-certification.

Pre-Op Appointment with Primary Care Physician to Include History and Physical, Labs and EKG: Upheld

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 Official Disability Guidelines, Low back, Preoperative testing.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

16 Post-Op Physical Therapy Sessions: Upheld

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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.