

Case Number:	CM15-0046547		
Date Assigned:	03/18/2015	Date of Injury:	04/01/2014
Decision Date:	05/11/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/11/2015

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 54-year-old male who reported an injury on 04/01/2014. The mechanism of injury was cumulative trauma from climbing ladders and stairs. Prior therapies included a knee brace and medications. The injured worker had been treated with Supartz injections. The documentation of 02/11/2015 revealed the injured worker's knee had swelling. The injured worker was noted to have an x-ray which revealed degenerative joint disease on the right knee. The physical examination of the right knee revealed tenderness in the medial and lateral joint line with bone spurs. The injured worker had crepitus with range of motion with no gross ligamentous instability. The injured worker was noted to stand 6 feet tall and weigh 275 pounds, which would equate to a 37.3 BMI. The diagnosis included right knee degenerative joint disease with right knee degenerative joint disease. The treatment plan included a knee replacement with a preoperative CT scan and approval for a total knee replacement. Additionally, the treatment plan included 2 to 3 days hospitalization and postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee replacement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Knee and Leg (Acute & Chronic).

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 indicate a knee replacement may be appropriate if there has been documentation of exercise including supervised physical therapy or home rehab exercises and medications or viscosupplementation injections, plus limited range of motion of less than 90 degrees for total knee replacement and nighttime joint pain and no pain relief with conservative care. There should be documentation of current functional limitations demonstrating a necessity for intervention, plus the patient should be over 50 years of age and have a body mass index of less than 40. The patient should have standing x-rays which reveal osteoarthritis. The clinical documentation submitted for review indicated the injured worker had undergone viscosupplementation injections. However, there was a lack of documentation of a failure of exercise therapy, limited range of motion of less than 90 degrees, nighttime joint pain, and no pain relief with conservative care. There was a lack of documentation of current functional limitations. The injured worker had osteoarthritis on standing X-rays. Given the above, the request for right knee replacement is not medically necessary.

Associated surgical service: Preoperative CT scan: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Knee and Leg (Acute & Chronic).

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: Hospital length of stay 2-3 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Knee and Leg (Acute & Chronic).

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.

Postoperative Physical Therapy, right knee, QTY: 12.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Knee and Leg (Acute & Chronic).

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.