

Case Number:	CM15-0056273		
Date Assigned:	04/01/2015	Date of Injury:	10/08/2014
Decision Date:	06/11/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/24/2015

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 39-year-old male who reported an injury on 10/08/2014. The mechanism of injury reportedly occurred when the injured worker was walking into a locker room, pivoted on his right foot when his right knee buckled causing him to fall to the ground. His diagnoses was noted as end stage right knee osteoarthritis. Past treatments included activity modifications, medications and surgery. Diagnostic studies included an MRI of the right knee, performed on 10/28/2014, which was noted to reveal osteoarthritis with severe cartilage thinning at the lateral joint compartment with moderate cartilage thinning at the medial joint line compartment and at the patellofemoral joint, complex degenerative tear and maceration of the lateral meniscus with radial tear of the body of the lateral meniscus and small joint effusion; and unofficial x-ray of the right knee, performed on 12/03/2014, which was noted to reveal end stage osteoarthritis of the lateral compartment with bone on bone changes and evidence of medial compartment degeneration and advanced patellofemoral degeneration of the right knee. His surgical history was noted to include 2 right knee surgeries and 1 left knee surgery, dates not provided. On 01/16/2015, the injured worker complained of right knee pain rated at a 5/10 to 6/10 with significant swelling. Physical examination revealed 2+ deep tendon reflexes at the patellofemoral and Achilles tendons with 2+ posterior tibialis and dorsalis pedis pulses, severe tenderness to palpation on the medial, lateral and patellofemoral joint lines with large effusion, range of motion 0 degrees, extension to 85 degrees, flexion with guarding and crepitus, motor strength at 4/5. The treatment plan included surgical intervention. Current medications were not noted. A request was received for a right total knee arthroplasty with computer navigation,

preoperative medical clearance with internal medication, 3 day stay at hospital, postoperative in home physical therapy x6 sessions, and postoperative in home RN 2 times per week for 2 weeks. The rationale for the request was not specified. The Request for Authorization form was noted 01/28/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Total Knee Arthroplasty with Computer Navigation: 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, Knee Joint Replacement, Indications for Surgery - Knee Arthroplasty.

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, Knee joint replacement; Computer-assisted surgery.

Decision rationale: The California MTUS Guidelines recommend total knee joint replacement with evidence of conservative exercise, subjective findings including limited range of motion and night joint pain; objective findings including patient is over the age of 50 years old and body mass index is less than 40; and imaging findings with evidence of significant loss of chondral clear space. The clinical information indicated that the patient complained of pain and swelling. The physical examination revealed severe tenderness to palpation on the medial, lateral and patellofemoral joint lines with large effusion, range of motion 0 degrees of extension to 85 degrees flexion with guarding and crepitus and motor strength at 4/5. In addition, an MRI dated 10/28/2014, revealed osteoarthritis with severe cartilage thinning at the lateral joint compartment with moderate cartilage thinning at the medial joint line compartment and at the patellofemoral joint, complex degenerative tear and maceration of the lateral meniscus with radial tear of the body of the lateral meniscus and small joint effusion. However, there was no evidence of the patient's body mass index and the patient is not over the age of 50. Furthermore, the guidelines also state that computer assisted surgery is not recommended at this time as there is inadequate data to permit scientific conclusions regarding computer assisted surgery. Therefore, the request for Right Total Knee Arthroplasty with Computer Navigation is not medically necessary.

Pre-Operative Medical Clearance with Internal Medicine: 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 Other Medical Treatment Guideline or Medical Evidence: Society of General Internal Medicine <http://www.choosingwisely.org/?s=preoperative+surgical+clearance&submit=>.

Decision rationale: According to the Society of General Internal Medicine, preoperative assessment is expected before all surgical procedures. However, as the concurrent request for surgery was not supported, the request for Pre-Operative Medical Clearance with Internal Medicine is not medically necessary.

Three (3) Day stay at Hospital: 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 (ODG) Knee & Leg, Hospital length of stay (LOS).

Decision rationale: The Official Disability Guidelines recommend up to 3 days of hospital stay following knee replacement surgery. While the request for 3 day hospital stay is supported, the concurrent request for surgery was not indicated. Therefore, the request for Three (3) Day stay at Hospital is not medically necessary.

Post-Operative In Home Physical Therapy; six (6) sessions (3x2): 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: The California MTUS Guidelines recommend up to 24 visits of physical therapy for up to 4 months following arthroplasty of the knee. While the request is within the recommended number of sessions according to the evidence based guidelines, the concurrent request for surgery was not supported. Therefore, the request for Post-Operative In Home Physical Therapy; six (6) sessions (3x2) is not medically necessary.

Post-Operative In-Home RN; two times per week for two weeks (2x2): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: The California MTUS Guidelines recommend home health services for treatment of patients who are homebound, on a part time or intermittent basis, generally up to no more than 35 hours per week. However, as the concurrent request for surgery is not supported, the request for home health is not indicated. In addition, there was no clear evidence to indicate the injured worker would be homebound, on a part time or intermittent basis to require home health services. Therefore, the request for Post-Operative In-Home RN; two times per week for two weeks (2x2) is not medically necessary.