MAXIMUS Federal Services

Case Number:	CM15-0083274		
Date Assigned:	05/05/2015	Date of Injury:	11/08/2010
Decision Date:	07/01/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/30/2015

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 61-year-old female, who sustained an industrial injury on 11/8/10. The injured worker was diagnosed as having severe degenerative joint disease of the left knee, possible history of infection with prior surgeries, and history of breast cancer. Treatment to date was not discussed in the submitted medical records. An X-ray was noted to have revealed tricompartmental degenerative disease with chondrolysis. Currently, the injured worker complains of knee pain. The treating physician requested authorization for a left total knee arthroplasty, preoperative laboratory work, 14 days rental of a cold therapy unit, a chest x-ray, and an electrocardiogram. The request for a total knee arthroplasty was non-certified by utilization review citing ODG guidelines. This is now appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chest X-Ray and Electrocardiogram: 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.

Pre-Operative Laboratory Work: 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.

Left Total Knee Arthroplasty: 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 Chapter, Knee Joint Replacement.

Decision rationale: ODG indications for total knee arthroplasty include 2 of the 3 compartments involved by osteoarthritis, failed exercise therapy including supervised PT and/or home rehabilitation exercises and medical management with NSAIDs or Viscosupplementation or steroid injections. Subjective clinical findings of limited range of motion, nighttime joint pain, no relief with conservative care and documentation of current functional limitations demonstrating necessity of surgery, and objective clinical findings of age over 50 and body mass index of less than 40 and imaging clinical findings of osteoarthritis on standing x-rays documenting significant loss of joint space in at least one of the 3 compartments with varus or valgus deformity. In this case, the documentation does not indicate failed physical therapy or home exercise program. The available medical records include a progress report dated March 2, 2015, which does not document details of the prior treatment although it does mention that she has severe degenerative joint disease of the left knee. An antalgic gait, mild knee effusion and 10 flexion deformity with range of motion from 10-115 is documented. The body mass index is not reported. Radiology reports are not submitted. Evidence of night pain is also not submitted. As such, the documentation is incomplete and only partially meets the ODG criteria for a total knee arthroplasty. In light of the foregoing, the request is not medically necessary.

Cold Therapy Unit (14-day rental): 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.