

Case Number:	CM15-0085425		
Date Assigned:	05/07/2015	Date of Injury:	10/01/2012
Decision Date:	06/30/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	05/04/2015

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: Illinois, California, Texas

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 63-year-old female who sustained an industrial injury on 10/01/12, relative to cumulative trauma as a truck driver. The 8/20/13 left knee MRI documented a complex lateral meniscus tear anterior horn to body with blunting of the anterior margin, and posterior horn with lateral compartment degenerative changes. There was a complex medial meniscus tear/maceration with medial subluxation of meniscal tissue, and severe medial compartment degenerative change with exuberant osteophyte formation medially. There was subluxation of the medial collateral ligament, and tibial collateral ligament bursitis. There were severe patellofemoral degenerative changes with extensive groove involvement. There was joint effusion with synovitis, Baker's cyst, and atypical popliteal cyst. The 1/9/15 utilization review documented findings of severe left knee pain with weight bearing and intermittent giving way, extreme pain with squatting and kneeling. There was moderate varus deformity, 2+ effusion, and crepitus through range of motion. A left total knee arthroplasty was certified. The 2/25/15 treating physician report indicated that the injured worker did not want to proceed with total knee arthroplasty based on the temporary relief from a left knee injection. The 3/24/15 treating physician report cited worsening grade 6/10 left knee pain. Injection to the left knee provided temporary reduction in pain. Left knee exam documented range of motion 0-100 degrees, patellofemoral joint pain with motion; medial and lateral joint line tenderness, 5-/5 lower extremity weakness, crepitance with range of motion assessment, and negative instability. The diagnosis included left knee lateral meniscus tear, medial meniscus tear, severe osteoarthropathy, chondromalacia patella, and arthralgia. The left knee condition was reportedly worsening and causing insomnia. There was instability reported with near falls and actual falls. The treatment plan recommended left total knee arthroplasty. The request for authorization

included arthroplasty total left knee replacement, electrocardiogram cardiac clearance, blood testing, home health aide and hospital stay. The 4/1/15 utilization review non-certified the left total knee replacement and associated surgical requests as guidelines criteria had not been met relative to documentation of conservative treatment and functional limitations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroplasty total left knee replacement: Overturned

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: Knee joint replacement.

Decision rationale: The California MTUS does not provide recommendations for total knee arthroplasty. The Official Disability Guidelines recommend total knee replacement when surgical indications are met. Specific criteria for knee joint replacement include exercise and medications or injections, limited range of motion (< 90 degrees), nighttime joint pain, no pain relief with conservative care, documentation of functional limitations, age greater than 50 years, a body mass index (BMI) less than 40, and imaging findings of osteoarthritis. Guideline criteria have been met. This injured worker presents with significant and function-limiting left knee pain with intermittent instability resulting in falls. Clinical exam findings are consistent with imaging evidence of severe tricompartmental osteoarthritis. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

Electrocardiogram cardiac clearance: Overturned

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 Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.; Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012 Mar; 116(3): 522-38.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. EKG may be indicated for patients with known cardiovascular risk factors. Middle-aged females have known occult increased cardiovascular risk factors. Guideline criteria have been met based on patient age, magnitude of surgical procedure, recumbent position, fluid exchange, and the risks of undergoing anesthesia. Therefore, this request is medically necessary.

Blood tests: CBC, DiffW, BC without platelet, and comprehensive metabolic panel:
Overturned

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 Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3): 522-38.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. Middle-aged females have known occult increased medical/cardiac risk factors. Guideline criteria have been met based on patient age, magnitude of surgical procedure, recumbent position, fluid exchange, and the risks of undergoing anesthesia. Therefore, this request is medically necessary.

Home health aid: 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 recommends home health services only for otherwise recommended treatment for patients who are homebound, on a part time or intermittent basis. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Guideline criteria have not been met. There is no clear documentation as the type of home health services being recommended for this patient to establish medical necessity. Therefore, this request is not medically necessary.