

Case Number:	CM15-0085434		
Date Assigned:	05/11/2015	Date of Injury:	11/11/2002
Decision Date:	08/04/2015	UR Denial Date:	04/27/2015
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: 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 59 year old female, who sustained an industrial injury on November 11, 2002 while working as an assignment clerk. The injury occurred while the injured worker was walking down steps and stepped on a screw which caused her to twist her right knee. The injured worker has been treated for bilateral shoulder and bilateral knee complaints. The diagnoses have included right shoulder pain, right shoulder rotator cuff tendinitis, right shoulder degenerative joint disease, right ulnar nerve pain, left shoulder pain, left shoulder myofascial tenderness, left shoulder degenerative joint disease, left arm ulnar pain; knee joint replacement and status post multiple right knee surgeries. Treatment to date has included medications, radiological studies, electrodiagnostic studies, physical therapy, a transcutaneous electrical nerve stimulation unit, cortisone injections, trigger point injections, left total knee replacement, multiple right knee surgeries and left shoulder surgery. Current documentation dated April 1, 2015 notes that the injured worker reported that her right knee felt rubbery and gave out on her. The injured worker sustained a fall related to the right knee giving out. The right knee pain was rated a four out of ten on the visual analogue scale. Examination of the right knee revealed stiffness, guarding, and a moderate effusion, diffuse tenderness and was warm to touch. Range of motion was noted to be decreased. The treating physician's plan of care included a request for a right total knee revision, pre-operative chest x-ray, pre-operative electrocardiogram, pre-operative labs, pre-operative right lower extremity sonogram, a three day inpatient stay, post-operative cold therapy unit for purchase, a 3-1 commode, a CMP times two weeks, post-operative in-home physical therapy # 6,

post-operative outpatient physical therapy #12 and the post-operative medications: Percocet, Oxycontin, Neurontin, Robaxin, Xarelto and Cipro.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right total knee revision: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for revision total 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 and Leg, 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 revision knee arthroplasty in this patient. There is no documentation from the exam notes from 4/1/15 of infection, loosening or other evidence of hardware failure. There are no records in the chart documenting when physical therapy began or how many visits were attempted. There is no documented BMI in the records submitted. There is no formal workup for septic versus aseptic loosening. Therefore the guideline criteria have not been met and the request is not medically necessary.

Pre-op chest x-ray: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-op 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-op labs: CBC, CMP, PT, PTT, UA: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-op right lower extremity scanogram: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: 3 day inpatient stay: 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, Knee and Leg, Hospital Length of stay.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-op meds Percocet 1-2 q4-6hrs prn pain: 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.

Post-op meds: Oxycontin 1 bid #40: 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.

Post-op Neurontin 300mg 1 tid #60: 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.

Post-op Robaxin 750mg 1 tid #60: 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.

Post-op Xarelto 10mg 1 po qd #21: 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 ODG, Knee and leg section, Venous thrombosis.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-op Cipro 500mg 1 bid #10: 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.

Post-op cold therapy unit for purchase: 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 and Leg, Continuous flow cryotherapy.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: 3-1 commode: 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 ODG Knee and Leg, DME toilet items.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: CMP x 2 weeks post op: 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 and Leg, CPM.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.