

Case Number:	CM13-0064828		
Date Assigned:	01/17/2014	Date of Injury:	04/25/2004
Decision Date:	06/12/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/12/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 63-year-old gentleman who was injured in a work related accident on 04/25/04. The clinical records specific to the claimant's left knee include plain film radiographs from February 2013 showing severe medial compartment and patellofemoral compartment degenerative change and moderate lateral compartment change. It is noted that the claimant had a prior right total knee arthroplasty. Recent clinical assessment on 10/15/13 noted continued complaints of pain in the left knee with physical examination documenting a body mass index of greater than 40, medial and lateral joint line tenderness, and 0 to 110 degrees range of motion. Specific documentation of conservative treatment included medication management. A total joint arthroplasty of the left knee, preoperative medical clearance, postoperative use of a continuous passive motion (CPM) machine, and a preoperative MRI (magnetic resonance imaging) to "get measured" was recommended for further assessment.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT TOTAL 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 (ODG), 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); TREATMENT IN WORKERS COMP, 18TH EDITION, 2013 UPDATES: KNEE PROCEDURE - KNEE JOINT REPLACEMENT.

Decision rationale: The CA MTUS and ACOEM Guidelines do not address this request. When looking at Official Disability Guidelines (ODG), a left total joint arthroplasty would not be indicated. While this individual is noted to have advanced degenerative changes to the left knee, his current body mass index is greater than 40. The ODG would not recommend total joint arthroplasty in individuals whose body mass index are greater than 35. The requested surgical intervention would not be supported as necessary.

SURGERY CLEARANCE: 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), preoperative testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pg. 127.

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

CPM RENTAL (LENGTH OF RENTAL NOT INDICATED): 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), Continuous passive motion (CPM).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee procedure, Continuous passive motion (CPM).

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

FRAGMINE 5000 IU - TEN (10) DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Fragmin.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee procedure, Venous thrombosis.

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

LEFT KNEE MRI - TO GET MEASUREMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.healio.com/orthopedics/knee/journals/ortho/%7B651721a0-761c-4ac6-bc54-f72c44370e%7D/patient-specific-approach-in-total-knee-arthroplasty>.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

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

HOME HEALTH CARE - TWO (2) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, and <http://www.medicare.gov/Publications/Pubs/pdf/10969.pdf>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51.

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