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| Case Number: | CM14-0121641 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 04/18/2012 |
| Decision Date: | 10/16/2014 | UR Denial Date: | 07/24/2014 |
| Priority: | Standard | Application Received: | 08/01/2014 |

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 Orthopaedic 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:

This 63-year-old male painter sustained an industrial injury on 4/18/12 relative to a fall. Past medical history was positive for long-standing history of bilateral knee complaints with a diagnosis of severe osteoarthritis. The 6/26/14 treating physician report cited persistent and increasing right knee pain. Pain was aggravated by squatting, kneeling, climbing and twisting of the knee. Ambulation and work were difficult. Physical exam documented antalgic gait, limited range of motion, and a genu varum deformity. Right knee x-rays documented bone-on-bone deformity with sclerosis and osteophyte formation. The diagnosis was traumatic arthritis, bilateral knees. Right total knee replacement was recommended. Records documented conservative treatment had included rest, activity modification, anti-inflammatory and analgesic medications, physical therapy, and corticosteroid injections. The 7/24/14 utilization review denied the request for right total knee replacement and associated services due to an absence of documented body mass index. The 8/1/14 treating physician appeal letter reported the patient's current body mass index was 34.2 based on his current height 5'8" and weight 225 obtained in the clinic. Appeal of the right total knee replacement was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Assistant surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back

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: Centers for Medicare and Medicaid services, Physician Fee Schedule

Decision rationale: The California MTUS guidelines do not address the appropriateness of assistant surgeons. The Center for Medicare and Medicaid Services (CMS) provide direction relative to the typical medical necessity of assistant surgeons. The Centers for Medicare & Medicaid Services (CMS) has revised the list of surgical procedures which are eligible for assistant-at-surgery. The procedure codes with a 0 under the assistant surgeon heading imply that an assistant is not necessary; however, procedure codes with a 1 or 2 implies that an assistant is usually necessary. For this requested surgery, CPT Code [REDACTED], there is a "2" in the assistant surgeon column. Therefore, based on the stated guideline and the complexity of the procedure, this request is medically necessary.

type cross match: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.wheelsonline.com/ortho/transfusion_therapy

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: 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 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. Guideline criteria have been met. The medical necessity of blood type and cross match for the potential transfusion need during a total knee replacement has been established. Therefore, this request is medically necessary.

right total knee replacement: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg: 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 and Leg, 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), night-time joint pain, no pain relief with conservative care, documentation of functional limitations, age greater than 50 years, a body mass index (BMI) less than 35, and imaging findings of osteoarthritis. Guideline criteria have now been fully met. There is documentation of a current body mass index less than 35. The patient has significant pain and functional limitations that have failed comprehensive conservative treatment. There are imaging findings of severe knee osteoarthritis, with bone-on-bone deformity. Therefore, this request is medically necessary.