MAXIMUS Federal Services

Case Number:	CM14-0142624		
Date Assigned:	10/13/2014	Date of Injury:	10/12/2005
Decision Date:	11/13/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	09/02/2014

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 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:

This 69-year-old female sustained an industrial injury on 10/12/06. Injury occurred when she was emptying a garbage can and her left leg started to ache severely. Past medical history was positive for lumbosacral spine degenerative disc disease, grade 1 spondylolisthesis at L4/5 and L5/S1, obesity, diabetes mellitus type 2, atrial fibrillation, renal disease, glaucoma, sleep apnea, and hypertension. The 7/21/14 treating physician report cited incapacitating right knee pain with periodic giving way associated with crepitation and pain. The patient had not responded to conservative treatment of right knee corticosteroid injections, Vicodin, and cane use. The patient reported she could not walk. Physical exam documented stated height 5'6", stated weight 260 pounds, ambulation with a cane, and antalgic gait. Right knee range of motion was -10 to 100 degrees; left knee range of motion was -5 to 105 degrees. She had moderately severe pes planus, slightly diminished right hip internal rotation without pain, 4/4 dorsalis pedis pulses, and intact motor strength. There was some pain with resisted flexion/extension of the knee. Non-weight bearing x-rays showed moderately severe osteoarthritis in the medial compartment with osteophyte formation, subchondral sclerosis, and joint space narrowing. Loose bodies were evident in the lateral aspect of the patellofemoral compartment/suprapatellar pouch region. There was severe patellofemoral compartment osteoarthritis. There were osteophytes about the lateral compartment. The diagnoses were severe right knee osteoarthritis, morbid obesity, type 2 diabetes mellitus, atrial fibrillation on anticoagulation, possible renal disease/nephrolithiasis, obstructive sleep apnea, and left knee osteoarthritis. The patient was retired. The patient had failed non-operative treatment and a total knee arthroplasty was indicated given the extent of her osteoarthritis. There was a discussion of the increased surgical complication risks given her obesity, diabetes, and other medical problems such as increased risk for infection and failure of the implant bond. It was reasonable to proceed with surgery if she can be medically cleared.

Bilateral weight bearing x-rays, including Merchant and full length view were recommended. The 7/30/14 utilization review denied the right total knee arthroplasty based on patient age, body mass index and significant comorbidities (morbid obesity, apnea, anticoagulation, diabetes, hypertension) pending improvement and stabilization of her medical condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right total knee arthroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG Knee & Leg (updated 6/5/14)

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 and Other Medical Treatment Guideline or Medical Evidence: How to minimize infection and thereby maximize patient outcomes in total joint arthroplasty: a multicenter approach: AAOS exhibit selection. J Bone Joint Surg Am. 2013 Apr 17;95(8):e50

Decision rationale: The California MTUS does not provide recommendations for total knee arthroplasty. The Official Disability Guidelines (ODG) recommend total knee replacement when surgical indications are met. Criteria for knee joint replacement typically 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. The ODG state that in balancing risks versus rewards, a BMI threshold of 40 is recommended. Consideration should be given to delaying total joint arthroplasty in a patient with a BMI > 40, especially when associated with other comorbid conditions, such as poorly controlled diabetes or malnutrition. Current peer-reviewed guidelines recommend variables be addressed in the pre-operative period to reduce potential for infection, including optimizing medical conditions. Guideline criteria have not been met. This patient has a body mass index of 42 based on her stated height and weight. In addition to morbid obesity, multiple significant co-morbidities exist including diabetes mellitus type 2, atrial fibrillation on anticoagulation, obstructive sleep apnea, renal disease, and hypertension. Guidelines do not support a total knee arthroplasty in a patient with body mass index over 40 with associated comorbid conditions. Therefore, this request is not medically necessary.

Assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back (updated 7/30/14), Surgical assistant

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-op medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.guideline.gov/content.sspx?id=38289, Institute for Clinical Systems Improvement, 1997 Sep (revised 2012 Jul), Preoperative evaluation

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

Pre-op medication: Celebrex: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

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: Dilaudid: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG, Pain (updated 7/10/14), Opioids, criteria for use

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: Tylenol: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG, Pain (updated 7/10/14), Acetaminophen (APAP)

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: Aspirin: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints,Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67 and 69. Decision based on Non-MTUS Citation ODG, Pain (updated 7/10/14), Aspirin

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG, Pain (updated 7/10/14), Opioids, criteria for use

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 home health nurse 2 x 2 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg (updated 6/6/14), Home Health Services

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 home physical therapy twice a week for 2 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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 physical therapy, 2x6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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 DME: CPM unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg (updated 6/6/14), Continuous passive motion (CPM)

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 DME: cold therapy unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg (updated 6/6/14), Continuous flow cryotherapy

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 DME: crutches: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg (updated 6/6/14), Walking aids (canes, crutches, braces, orthoses & walkers)

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 DME: walker: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg (updated 6/6/14), Walking aids (canes, crutches, braces, orthoses & walkers)

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.