

Case Number:	CM14-0147707		
Date Assigned:	09/15/2014	Date of Injury:	10/21/2007
Decision Date:	10/15/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/11/2014

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 60-year-old female certified nursing assistant sustained an industrial injury on 10/21/07. Injury occurred when a resident kicked her in the left anterior knee. She underwent left knee arthroscopic surgeries in 2007 and 2012. Past medical history was positive for obesity, tobacco use, diabetes, hypertension, and ulcers. The 8/15/13 treating physician left knee x-ray report stated there were no gross abnormalities. Records indicated the patient presented to the treating physician on 5/7/14 after a 3 year hiatus in treatment. She reported continued pain with prolonged walking. Knee range of motion was full with mild crepitus and no effusion noted. Her gait was not antalgic. She had undergone two arthroscopies without benefit and had been advised to have a total knee arthroplasty. The 7/2/14 treating physician progress report cited moderate diffuse left knee tenderness with normal gait and no effusion. She was advised to lose weight. The 8/4/14 orthopedic report cited worsening left knee pain. There was night pain. She was working modified duty. X-rays in 2011 demonstrated severe medial compartment arthritic changes. Conservative treatment had included anti-inflammatories, pain medications, viscosupplementation injection, and steroid injections. Difficulty was reported with stairs, household and community ambulation, getting in and out of the bathtub and vehicle, and activities of daily living. Physical exam documented body mass index at 40.39. Bilateral knee range of motion was 0-110 degrees with partial alignment correction. X-ray findings documented moderate medial, lateral, and patellofemoral arthritic changes on the right side. The diagnosis was severe osteoarthritic changes left knee. The patient wished to proceed with left total knee replacement. The 8/18/14 utilization review denied the left total knee arthroplasty and associated requests as there was no evidence of conservative treatment, including injections and physical therapy, or diagnostic imaging reports showing advanced left knee osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left total knee arthroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Knee joint replacement

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. Guidelines criteria have not been met. The most recent range of motion documentation indicates that the patient exceeds guideline criteria at 110 degrees. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment, including exercise, has been tried and failed. The patient has a BMI greater than 40 with treating physician recommendations noted for weight loss. There is a conflict in the records regarding radiographic findings. The orthopedist indicated that left knee x-rays were taken with a diagnosis of severe osteoarthritic changes. The reported x-ray findings however relate to the right knee and documented moderate tricompartmental osteoarthritis. Prior left knee radiographs in 2011 reportedly showed severe unicompartmental osteoarthritis and left knee x-rays in 2013 were reported with no gross abnormalities. Given the failure to meet guideline criteria, this request is not medically necessary.

Pre op cardiac clearance: consultation and testing: Upheld

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

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: As the surgical request is not supported, this request is not medically necessary.

2 days inpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG, Knee and Leg, Knee joint replacement

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, Hospital length of stay (LOS)

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Post op: Continuous Passive Motion (CPM) rental for 3 weeks; 3-1 commode, front wheel walker: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG for Knee and Leg regarding Continuous passive motion (CPM) and ODG for Knee and Leg regarding Walking Aids [http://www.bcbsnc.com/services/medical-policy/pdf/durable_medical_equipment_\(dme\).pdf](http://www.bcbsnc.com/services/medical-policy/pdf/durable_medical_equipment_(dme).pdf)

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 passive motion (CPM); Bathtub seats; Walking aids (canes, crutches, braces, orthoses, & walkers)

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Post op physical therapy (PT) 18 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Celebrex 200mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drug).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page(s): 67-72.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Norco 10/325mg times 15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, specific drug list Page(s): 76-80,91.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.