MAXIMUS Federal Services

Case Number:	CM14-0148297		
Date Assigned:	09/18/2014	Date of Injury:	06/06/2005
Decision Date:	11/19/2014	UR Denial Date:	08/14/2014
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 is a 62-year-old gentleman who was injured in a work-related accident on 06/06/05. The medical records provided for review documented that the claimant has current complaints of the right knee. The clinical assessment dated 08/05/14 described continued complaints of right knee pain, clicking and popping that were documented as chronic in nature. It also noted that the claimant has had weight gain due to the injury. The assessment documented that the claimant has failed conservative care including a previous arthroscopy, medication management, activity restrictions, and viscosupplementation injections; there was no documentation of objective findings on examination noted. The claimant was documented to be five feet ten inches tall and weighs 240 pounds and a smoker. The recommendation was made for total knee arthroplasty. The medical records did not include any imaging reports for review but documented that the claimant has significant bone-on-bone articulation of the medial joint line.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total joint replacement, right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter; knee procedure - Knee joint replacement

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on the Official Disability Guidelines, the request for total joint arthroplasty of the right knee is not recommended as medically necessary. The medical records document that the claimant has had a recent fifteen pound weight gain and his current height and weight equal a body mass index of 35. The documentation provide for review does not provide any objective findings on examination. It is also unclear as to when the claimant's recent injection therapy took place. While the claimant is noted to have chronic and long-standing knee pain, the Official Disability Guidelines do not support total knee arthroplasty with a body mass index greater than 35 or in individuals who fail to meet guideline criteria including objective findings demonstrating functional limitations and limited range of motion. The surgical request in this case would fail to meet guideline criteria for support. Therefore, this request is not medically necessary.

Associated surgical service: Assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Surgical Assistant

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The request for total joint arthroplasty of the right knee is not recommended as medically necessary. Therefore, the request for an assistant surgeon is also deemed not medically necessary.

Associated surgical service: Pre-operative clearance, H&P: 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.aspx?id=38289&search=pre-operative

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The request for total joint arthroplasty of the right knee is not recommended as medically necessary. Therefore, the request for preoperative clearance with a history and physical is also deemed not medically necessary.

Associated surgical service: Pain catheter: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pubmed/3515598

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The request for total joint arthroplasty of the right knee is not recommended as medically necessary. Therefore, the request for a pain catheter is also deemed not medically necessary.

Associated surgical service: Standard X-ray, AP and Lat: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The request for total joint arthroplasty of the right knee is not recommended as medically necessary. Therefore, the request for a standard x-ray is also deemed not medically necessary.

Associated surgical service: Pre-Operative Labs: CBC, Urine Drug screen, CMP, PTT, PT, BUN, Creatinine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back (updated 07/03/14) Preoperative lab testing

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The request for total joint arthroplasty of the right knee is not recommended as medically necessary. Therefore, the request for preoperative labs is also deemed not medically necessary.

Associated surgical service: Blood type and cross: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back (updated 07/03/14) Preoperative lab testing

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The request for total joint arthroplasty of the right knee is not recommended as medically necessary. Therefore, the request for blood type and cross is also deemed not medically necessary.

Associated surgical service: Extension lock splint (ELS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & Leg (updated 06/05/14) Knee Brace

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The request for total joint arthroplasty of the right knee is not recommended as medically necessary. Therefore, the request for an extension lock splint is also deemed not medically necessary.

Associated surgical service: Polarcare x 21 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The request for total joint arthroplasty of the right knee is not recommended as medically necessary. Therefore, the request for a Polarcare unit for 21 days is also deemed not medically necessary.

Associated surgical service: Bedside commode seat: 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: The request for total joint arthroplasty of the right knee is not recommended as medically necessary. Therefore, the request for a bedside commode is also deemed not medically necessary.

Associated surgical service: Elevated commode seat: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The request for total joint arthroplasty of the right knee is not recommended as medically necessary. Therefore, the request for an elevated commode seat is also deemed not medically necessary.

Associated surgical service: CPM: 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: The request for total joint arthroplasty of the right knee is not recommended as medically necessary. Therefore, the request for a CPM is also deemed not medically necessary.

Associated surgical service: Hospital Bed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The request for total joint arthroplasty of the right knee is not recommended as medically necessary. Therefore, the request for a hospital bed is also deemed not medically necessary.

Associated surgical service: Shower chair: 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: The request for total joint arthroplasty of the right knee is not recommended as medically necessary. Therefore, the request for a shower chair is also deemed not medically necessary.

Associated surgical service: Thigh high stockings: 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: The request for total joint arthroplasty of the right knee is not recommended as medically necessary. Therefore, the request for thigh-high stockings is also deemed not medically necessary.