

Case Number:	CM14-0161719		
Date Assigned:	10/07/2014	Date of Injury:	06/18/2012
Decision Date:	11/04/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/01/2014

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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 injured worker is a 73 year old male with severe osteoarthritis of both knees related to continuous trauma on 06/18/2012. He underwent a right total knee arthroplasty on 03/07/2014 with a good result. The office note of 08/17/2014 indicates complaints of severe pain, popping, locking, and giving way of the left knee associated with swelling, tenderness on both the medial and lateral joint lines, and patellofemoral joint. Range of motion was limited. X-rays revealed bone on bone medially and generalized osteophytosis. A prior MRI scan of 07/11/2012 revealed tri-compartmental osteoarthritis. Review of the medical records indicates that he has had conservative care including a steroid injection on 02/24/2014 that did not relieve the pain. He had physical therapy and was on a home exercise program. There is limitation of motion, loss of the medial joint space with mild varus, and functional limitations. He meets the age guidelines, his documented body weight is 187 and 190 lbs. on 2 occasions, his height is 5 feet 6 inches which gives him a BMI of 30.2. This is well under the maximum BMI of 40 per the latest ODG guidelines. He complains of severe pain and has difficulty sleeping. He did well after right total knee arthroplasty and seems motivated. The disputed issue pertains to the indications for a total knee arthroplasty particularly with regard to a recently documented BMI.

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 cite any medical evidence for its decision.

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: Medicare Assistant Surgeon Reimbursement

Decision rationale: CA MTUS does not address the need for an assistant surgeon. An assistant is necessary to provide good exposure and assist the surgeon with complex surgical procedures. It shortens the surgery time and reduces patient risk from prolonged anesthesia. Since the surgery is medically necessary, the assistant surgeon is also medically necessary.

2-3 days in-patient stay: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hospital length of stay, Total Knee Replacement

Decision rationale: ODG guidelines indicate a 3 day length of hospital stay for total knee replacement. The requested 2-3 day stay is within the guidelines. Since the surgery is medically necessary, the 2-3 day hospital stay is also medically necessary.

Pre-op medical clearance: Overturned

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: Because the surgery is medically necessary the pre-operative medical consultation is also necessary to evaluate the cardiovascular status. The worker gives a history of hypertension and is 73 years old. The medical records document a history of tinnitus, hearing loss, gastritis, irritable bowel, carpal tunnel syndrome, low back pain, bilateral shoulder pain, anxiety, depression, and prostate issues. Hospital rules require medical clearance for all major surgical procedures. A preoperative medical clearance is therefore appropriate and medically necessary.

Left knee total replacement 27447: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) CHAPTER: KNEE AND LEG

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

Decision rationale: CA MTUS does not address the indications for a total knee arthroplasty. The worker has severe osteoarthritis of the left knee. The medial compartment is bone on bone with associated varus. There is tri-compartmental osteoarthritis documented. The notes indicate severe pain, popping, locking, giving way, swelling, tenderness, and crepitus. He has tried non-operative treatment with physical therapy, home exercise program, medications, and a steroid injection which did not relieve the pain. He has subjective clinical findings of limitation of motion and pain. The pain is not relieved by conservative measures. He meets the criteria of age over 50 and BMI less than 40 per new ODG guidelines. There is evidence of severe osteoarthritis on standing x-rays and MRI with loss of the medial joint space and varus deformity. A large effusion was documented on 08/27/2014. He has the ODG indications for a total knee arthroplasty. In light of the above, the requested left total knee replacement 27447 is appropriate per guidelines and is medically necessary.