

Case Number:	CM14-0177124		
Date Assigned:	10/30/2014	Date of Injury:	02/12/1999
Decision Date:	12/05/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/27/2014

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 64-year-old female sustained an industrial injury on 2/12/1999. Injury occurred when she slipped on the truck's running board while exiting the cab. Past surgical history was positive for bariatric surgery on 6/20/13 for a body mass index of 48 and an aortic valve replacement in the fall of 2013. Records indicated that patient height was 64 inches with a stable body mass index of 38 since 1/27/14. The 9/10/14 treating physician report cited on-going bilateral knee pain and stiffness. She was using a walker for ambulation. She continued to pursue weight loss and recover from her recent aortic valve replacement. Physical exam documented weight 220 pounds, boggy swelling, and diffuse tenderness. Right knee range of motion was 10-100 degrees and left knee range of motion was 5 to 110 degrees. X-rays revealed severe bilateral knee degenerative osteoarthritis, left greater than right. The treating physician indicated that she had reached the point in her weight loss that she was a candidate for knee replacement. Cardiac clearance was requested. Authorization for left total knee arthroplasty was submitted. Records indicated treatment to date included medication and home exercise program. A pre-operative cardiac clearance was certified on 10/9/14. The 10/17/14 utilization review denied the left total knee replacement and associated requests as there was no documentation of cardiac clearance for surgery, no evidence that conservative treatment had included viscosupplementation or corticosteroid injection, and no formal radiology report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Total Knee Replacement with 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, Knee Chapter

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: Centers for Medicare and Medicaid Services, Physician Fee Schedule

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 (less than 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 not been met. The patient has a current body mass index of 37.8, in excess of optimal guideline criteria. There is no documentation of the following; night time joint pain, range of motion less than 90 degrees, lack of pain relief with comprehensive recent conservative treatment, and specific functional limitations. Therefore, this request is not medically necessary.

Associated surgical service: Medical Clearance: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Post-Operative Crutches: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Post-Operative CPM (Continuous Passive Motion): 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Post-Operative 3 in 1 Commode: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Post-Operative Front Wheel Walker: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.