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| Case Number: | CM14-0185194 | | |
| Date Assigned: | 11/13/2014 | Date of Injury: | 01/16/2013 |
| Decision Date: | 12/31/2014 | UR Denial Date: | 10/29/2014 |
| Priority: | Standard | Application Received: | 11/05/2014 |

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:

According to the records made available for review, this is a 56-year-old female with a 1/16/13 date of injury. At the time (10/7/14) of the request for authorization for right total knee arthroplasty, post-op physical therapy x 24, and 1 follow-up with [REDACTED], there is documentation of subjective (bilateral knee pain) and objective (good range of motion, mild varus alignment and no effusion) findings, imaging findings (10/7/14 medical report identifies x-rays the patient had on her cell phone revealed severe arthritis with complete loss of articular cartilage of the medial compartments (no imaging report made available for review)), current diagnoses (joint pain left leg), and treatment to date (medication, cortisone injections, and viscosupplementation). There is no documentation of at least 2 of the 3 compartments affected, additional objective findings (Body Mass Index of less than 35), and imaging findings (osteoarthritis on standing x-ray or arthroscopy report).

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.

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

Decision rationale: MTUS does not address the issue. ODG necessitate documentation of at least 2 of the 3 compartments affected, subjective findings (limited range of motion and nighttime joint pain), objective findings (over 50 years of age and Body Mass Index of less than 35), imaging findings (osteoarthritis on standing x-ray or arthroscopy report), and conservative treatment (physical modality, medications, and either Viscosupplementation injections or steroid injection), as criteria necessary to support the medical necessity of total knee arthroplasty. Within the medical information available for review, there is documentation of diagnoses of joint pain left leg. In addition, there is documentation of subjective findings (pain), objective findings (over 50 years of age), and conservative treatment (physical modality, medications, and Viscosupplementation injections and steroid injection). However, there is no documentation of at least 2 of the 3 compartments affected and additional objective findings (Body Mass Index of less than 35). In addition, despite documentation in the 10/7/14 medical report that x-rays the patient had on her cell phone revealed severe arthritis with complete loss of articular cartilage of the medial compartments, there is no documentation of imaging findings (osteoarthritis on standing x-ray or arthroscopy report). Therefore, based on guidelines and a review of the evidence, the request for right total knee arthroplasty is not medically necessary.

Post-op physical therapy x 24: 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.

1 Follow-up with [REDACTED]: 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.