

Case Number:	CM14-0152149		
Date Assigned:	09/22/2014	Date of Injury:	10/02/2011
Decision Date:	01/12/2015	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/18/2014

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 Surgeon 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 66 year old female sustained injury to her left knee in a fall on 10/2/11. A report dated 4/8/13 report includes a left knee exam but only radiology for the lumbar spine. She notes a painful left knee and walks with a cane. The pain is noted to be incapacitating. On examination 8/30/14, the requesting provider states she has crepitus, tenderness and palpable osteophytes in the medial and lateral compartments, lacks 5 of full extension and can flex up to 100 with discomfort. There is no gross instability. Reference is made to an MRI which showed bone on bone, edema in both medial and lateral compartments, and nearly full thickness cartilage loss of the surface of the talus. The diagnosis is left knee osteoarthritis and the recommendation was left total knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Operative CT Scan of The Left Knee: Upheld

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) Knee Chapter Computed Tomography. Recommended as an option for pain after TKA with negative radiograph for loosening. One study recommends using computed tomography (CT) examination

in patients with painful knee prostheses and equivocal radiographs, particularly for: (1) Loosening: to show the extent and width of lucent zones that may be less apparent on radiographs; (2) Osteolysis: CT is superior to radiographs

Decision rationale: MRI is recommended as indicated below. "Soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI." The medical records that have been provided to this reviewer have failed to indicate the medical necessity for a CT scan of the knee." "CT assisted total knee arthroplasty is not recommended and is therefore denied."

Skilled Nursing Facility for 1 Week Post-Op: Upheld

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) Low Back Chapter Skilled nursing facility (SNF) care Criteria for skilled nursing facility care (SNF): - The patient was hospitalized for at least three days and was admitted to the SNF within 30 days of hospital discharge. - A physician certifies that the patient needs SNF care. - The patient requires skilled nursing or skilled rehabilitation services, or both, on a daily basis.

Decision rationale: Insufficient info has been provided to this reviewer to justify a one week stay in a skilled nursing facility. Therefore, the request for a 0one week skilled nursing facility admission is denied.

3 Days Hospitalization: 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) Knee Chapter ODG hospital length of stay (LOS) guidelines: Knee Replacement (81.54 - Total knee replacement) Actual data -- median 3 days; mean 3.4 days ($\hat{A}\pm 0.0$); discharges 615,716; charges (mean) \$44,621

Decision rationale: A 3 day acute care facility stay is justified per InterQual criteria with respect to total knee arthroplasty. Therefore, the request for a 3 day acute care facility admission is approved.

Follow Up Visit 4-6 Weeks: 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) Pain Chapter ODG states that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker. The determination of necessity for an office visit requires individualized case review and assessment.

Decision rationale: This patient has ongoing medical care needs. Therefore, the request for an office visit with this practitioner is approved for medical necessity.