MAXIMUS Federal Services

Case Number:	CM14-0215168		
Date Assigned:	01/02/2015	Date of Injury:	12/30/2011
Decision Date:	03/03/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Minnesota, Florida
Certification(s)/Specialty: Orthopedic Surgery

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 58-year-old female with date of injury of 12/30/2011. The request pertains to a left total knee arthroplasty. This was previously denied because of lack of evidence of advanced degenerative arthritis on imaging studies. The provider has submitted an x-ray report dated 10/2/2014 which shows advanced degenerative changes in the medial compartment and patellofemoral joint. The injured worker has failed conservative treatment including medications, corticosteroid injections, viscosupplementation, unloading brace, and prior arthroscopic surgery in 2012. There has been progression of osteoarthritis since that time. Her BMI is 32. She has night pain and activity limitation. She is not currently working. A request for a left total knee arthroplasty was noncertified by utilization review on 11/24/2014. The reason given was lack of a radiology report pertaining to knee x-rays. However, the radiology report of October 2, 2014 does indicate advanced degenerative changes with the medial compartment being bone-on-bone and the patellofemoral compartment also bone-on-bone. This has now been appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left total knee arthroplasty: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Section: Knee, Topic: Total Knee Arthroplasty

Decision rationale: ODG criteria for a total knee arthroplasty include: 2 of the 3 compartments affected by osteoarthritis, conservative care with medications and viscosupplementation or steroid injections and documented failure, plus subjective clinical findings of limited range of motion and nighttime joint pain and no pain relief with conservative care, plus objective clinical findings of age over 50 and body mass index of less than 40, plus imaging clinical findings of osteoarthritis on standing x-ray or arthroscopy. The worker meets all of these criteria with the exception of range of motion which is 0-120 at this time. However, this is not a contraindication. The imaging studies show the medial compartment and patellofemoral compartment to be bone-on-bone per radiology report submitted by the provider. Therefore a total knee arthroplasty is indicated and the ODG criteria have been met. The request for a Left Total Knee Arthroplasty is supported. The Left Total Knee Arthroplasty is substantiated and is therefore, medically necessary.

Associated surgical service: 2-3 day inpatient 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 Section: Knee, Topic: Hospital length of stay

Decision rationale: ODG guidelines indicaqte a median of 3 days , mean 3.4 days, and best practice target of 3 days for a total knee replacement. The request for 2-3 day inpatient stay is within the guidelines. Therefore, this request for 2-3 day Inpatient Stay and is appropriate and medically necessary.