MAXIMUS Federal Services

Case Number:	CM14-0216979		
Date Assigned:	01/06/2015	Date of Injury:	03/09/1999
Decision Date:	03/03/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/29/2014

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: Georgia
Certification(s)/Specialty: Anesthesiology, Pain Management

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 patient is a 63 old female presenting with left knee pain following a work-related injury in 1998. X-rays performed in 1998 did not show abnormality. The patient was diagnosed with a grade 2 medial collateral ligament sprain. Patient had surgery in 1999. The medical records documented a complex tear of the lateral meniscus, grade 2 chondromalacia about the medial for femoral condyle. The patient was released is permanent and stationary in 1999. The patient is status post lateral meniscus tear. According to the medical records it was felt that the patient required medical treatment and should she develop lateral compartment arthritis it should be considered industrial related injury on industrial basis. On December 4, 2014 the patient complained of worsening knee pain. The patient reported with activities of daily living. The physical exam was significant for antalgic gait with mild - moderate valgus and heel arthroscopy portal, medial and lateral joint line tenderness was noted, x-ray showed degenerative changes with osteophyte and subchondral sclerosis as well as complete loss of joint space of the lateral compartment consistent with severe arthritis. The provider recommended total knee replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total Left Knee Replacement: Upheld

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 Knee Complaints: Treatment Consideration

Decision rationale: Total Left Knee Replacement is not medically necessary. The official disability guidelines state that knee arthroplasty: criteria for knee joint replacement (only one compartment is affected, a unit compartmental or partial replacement indicated. Two of the three compartments are affected, a total joint replacement is indicated.); 1. Conservative care: medication. Or visco supplementation injection. Or sterod injection. 2. Subjective clinical findings: limited range of motion. Or nighttime joint pain. Or no pain relief with conservative care and objective clinical findings: over 50 years of age and body mass index of the left and 35 and imaging clinical findings: osteoarthritis on standing x-ray or arthroscopy. The patient has not failed conservative care; therefore, the requested service is not medically necessary.

Associated Surgical Services- Pre-op Medical Clearance: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 92 and 127.

Decision rationale: Pre-Op Medical Clearance is not medically necessary. ACOEM guidelines page 92 referral may be appropriate if the practitioner is uncomfortable with the line of care, was treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to treatment plan. Page 127 of the same guidelines states, the occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial fax are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment may also be useful and avoiding potential conflicts of interest when analyzing causation or prognosis, degree of impairment or work capacity requires clarification. A referral may be for: (1) consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee for patient. (2) Independent medical examination (IME): To provide medical legal documentation of fact, analysis, and well-reasoned opinion, sometimes including analysis of causality. A total hip replacement is not indicated; therefore, the requested service is not medically necessary.

Associated Surgical Services- EKG: 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 Pre-Operative Testing

Decision rationale: Associated Surgical Services - EKG is not medically necessary. The claimant is not a candidate for a total knee replacement. It is medically necessary to perform these labs and obtain medical clearance prior to the surgery. ODG states that preoperative testing (e.g, chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, dire anesthetic choices and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patient is not with signs or symptoms of active cardiovascular disease requiring evaluation with appropriate testing. Additionally, the patient has not been approved for this surgery; therefore, the requested services are not medically necessary.

Associated Surgical Services- Chest X-Ray: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pre-Operative Testing Page(s): General.

Decision rationale: Chest x-rays is not medically necessary. The claimant is not a candidate for a total knee replacement. It is medically necessary to perform these labs and obtain medical clearance prior to the surgery. ODG states that preoperative testing (e.g, chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, dire anesthetic choices and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patient is not with signs or symptoms of active cardiovascular disease requiring evaluation with appropriate testing. Additionally, the patient has not been approved for this surgery; therefore, the requested services are not medically necessary.

Associated Surgical Services- Labs: CBC,CMP, UA,PT/INR: 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 Pre-operative Testing

Decision rationale: Labs: CBC, CMP, CA, PT/INR is not medically necessary. The claimant is not a candidate for a total knee replacement. It is medically necessary to perform these labs and obtain medical clearance prior to the surgery. ODG states that preoperative testing (e.g, chest

radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, dire anesthetic choices and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patient is not with signs or symptoms of active cardiovascular disease requiring evaluation with appropriate testing. Additionally, the patient has not been approved for this surgery; therefore, the requested services are not medically necessary.