

Case Number:	CM14-0218334		
Date Assigned:	01/08/2015	Date of Injury:	11/17/2010
Decision Date:	03/06/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	12/30/2014

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: New York, New Hampshire, Washington
 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 sustained a work-related injury on. A request for total knee replacement, left knee, platelet sealant graft, left knee and 2-day inpatient stay was not certified by Utilization Review (UR) on December 26, 2014. The UR physician utilized the Official Disability Guidelines (ODG) in the determination. According to the ODG, the indications for total knee replacement are tried and failed conservative care to include exercise therapy such as supervised physical therapy and/or home rehabilitation exercises and medications. The UR physician noted that the documentation did not support the request for the medical necessity for a total knee replacement. The left knee platelet sealant graft and the 2-day inpatient stay were not certified because the surgery was not certified. A request for Independent Medical Review (IMR) was initiated on December 27, 2014. The medical documentation submitted for IMR included physician's evaluations from June 24, 2014 through September 16, 2014. An evaluation done September 16, 2014 revealed the injured worker had chronic discomfort of the left knee and conservative treatment so far had only provided partial relief. The evaluating physician advised the injured worker to use local hot packs and strengthening exercises and provided a maintenance prescription of Norco 7.5/325 and Celebrex 200 mg.

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 Official Disability Guidelines (ODG) knee chapter Other Medical Treatment Guideline or Medical Evidence: American Academy of Orthopaedic Surgeons: Orthopaedic Knowledge Update: Hip and Knee Reconstruction 4 Andrew H. Glassman, MD, Paul F. Lachiewicz, MD, and Michael Tanzer, MD

Decision rationale: The American Academy of Orthopaedic Surgeons Orthopaedic Knowledge Update Publication on Hip and Knee Reconstruction does not recommend Knee replacement surgery without an adequate trial and failure of conservative measures to include PT and injection therapy. In this case, there is no documentation of a trial and failure of physical therapy for knee pain recently. There is no documentation of a knee steroid injection. More conservative measures are needed to justify the need for total knee replacement surgery at this time.

Platelet Sealant Left Knee: 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 Other Medical Treatment Guideline or Medical Evidence: knee surg sports traumatol arthrosc. 2007 July;15 (7):888-94 Autologous platelet gel to enhance TKA Everts, et al

Decision rationale: PRP injection therapy is experimental for the treatment of knee pain and in cases of TKR surgery. Also, since surgery not needed, then PRP with surgery not needed. PRP remains experimental for use in TKR surgery.

Inpatient Stay: 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 Official Disability Guidelines (ODG) knee chapter,

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.