MAXIMUS Federal Services

Case Number:	CM15-0101488		
Date Assigned:	06/03/2015	Date of Injury:	12/01/1989
Decision Date:	07/08/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/27/2015

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: Illinois, California, Texas
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 72-year-old female who sustained an industrial injury on 12/01/89. The mechanism of injury was not documented. Past surgical history was positive for right total knee replacement on 6/5/12. The 2/4/15 orthopedic evaluation reported that the injured worker was last seen on 8/2/13. She presented with constant left knee pain and swelling that was worsening. She reported locking and popping in the knee. She had not received any treatment since last seen other than home heat, elevation, and anti-inflammatory medication. She reported increased pain with bending or stooping, as well as going up and down stairs. Pain was aggravated by prolonged standing and walking. She was not able to squat. She walked with an uneven gait and intermittently used a cane. Left knee exam documented a limp favoring the left, obvious swelling, lateral tracking patella, primarily medial and lateral joint line tenderness, some tenderness over the medial collateral ligament, pain over the lateral aspect of the patella, 5/5 motor strength, and range of motion limited to 10 to 110 degrees. There was no instability noted. Patellar grind test was positive. The diagnosis was knee degenerative joint disease, abnormality of gait, genu varum (acquired), and knee joint pain. A corticosteroid injection was provided to the left knee. The 3/5/15 treating physician report indicated that the left knee was doing better with continued occasional pain following the corticosteroid injection. Physical exam was unchanged from prior. Left knee x-rays on 2/4/15 showed severe arthritis. The 4/20/15 treating physician report cited increased pain since her left knee popped three weeks ago. She was using a cane intermittently and had a lot of pain with walking. Left knee exam documented slight flexion contracture and tenderness over the medial and lateral joint lines and medial collateral ligament. She had pain on the lateral aspect of the patella. Range of motion was limited to extension -10 degrees and flexion 100 degrees. Patellar grind was positive. The

left knee did better after the corticosteroid injection but there was residual pain. She had failed conservative treatment consisting of medications, rest, therapy, and injections. There was significant impact on activities of daily living. Authorization was requested for left total knee replacement Depuy total knee posterior stabilized fixed bearing platform with 2 day hospital stay and associated surgical services including assistant surgeon, medical clearance to include office visit, chest x- ray, electrocardiography, complete blood count and urinalysis and skilled nursing facility stay for 7-10 days was submitted. The 4/29/15 utilization review non-certified the left total knee replacement and associated surgical requests as the dates and results of diagnostic tests documenting the severity of osteoarthritis had not been documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left total knee replacement, depuy total knee posterior stabilized fixed bearing platform (attune preferable or sigma): 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), Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: Knee joint replacement.

Decision rationale: The California MTUS does not provide recommendations for total knee arthroplasty. The Official Disability Guidelines recommend knee joint replacement when surgical indications are met. If only one compartment is affected, a unicompartmental or partial replacement may be considered. Specific criteria for knee joint replacement include exercise and medications or injections, limited range of motion (less than 90 degrees), night-time joint pain, no pain relief with conservative care, documentation of functional limitations, age greater than 50 years, a body mass index (BMI) less than 40, and imaging findings of osteoarthritis on standing x-rays or previous arthroscopy. Guideline criteria have not been fully met. This injured worker presents with left knee pain and functional limitations in activities of daily living. There is limited range of motion and nighttime joint pain. However, there is no detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial, including exercise, and failure. There is no documentation of the injured worker's body mass index. There is no documentation of the extent and location of osteoarthritis found on the 2/4/15 knee x-rays. Therefore, this request is not medically necessary at this time.

Associated surgical service: assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopaedic Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid services, Physician Fee Schedule: Assistant Surgeons, http://www.cms.gov/apps/physician-fee-schedule/overview.aspx.

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

Associated surgical service: medical clearance to include office visit: 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 Institute for Clinical Systems Improvement (ICSI).

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

Associated surgical service: skilled nursing facility 7-10 days: 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), Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: Skilled nursing facility LOS (SNF).

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

Associated surgical service: 2-day hospital stay: 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.

Associated surgical service: Chest x-ray: 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.

Associated surgical service: Electrocardiography (EKG): 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.

Associated surgical service: Complete Blood Count (CBC): 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.

Associated surgical service: Urinalysis (UA): 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.