

Case Number:	CM15-0012693		
Date Assigned:	01/30/2015	Date of Injury:	02/26/2009
Decision Date:	03/31/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/22/2015

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: California
 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 was a 61 year old female, who sustained an industrial injury, February 26, 2009. The injury occurred when the injured worker was recovering from a right total knee replacement undergoing rehabilitation when the injured worker felt a pop in the left knee. The injured worker was diagnosed with right total knee replacement August 8, 2009 and a large joint effusion with mild to moderate proximal tibiofibular arthritis, total left knee replacement, osteoarthritis of the left knee, pain in the left lower extremity and mechanical complication of internal orthopedic device, implant and graft. The injured worker previously received the following treatments a left meniscectomy, total left knee replacement in August 2012 with revision in October 2012 and March 2013 for subluxed patella, postoperative physical therapy, MRI of the left knee August 25, 2014 and left knee immobilizer. According to progress note of November 11, 2014, the injured workers chief complaint was left knee pain worse with movement. Physical exam notes mild effusion, pain with hyperflexion. The MRI of August 25, 2014 noted a large joint effusion with mild to moderate proximal tibiofibular arthritis. On November 11, 2014, the primary treating physician requested for preoperative basic metabolic panel and complete blood count, EKG (Electrocardiography), urinalysis, 1 revision left total knee arthroplasty with a hinged implant and quadriceps reconstruction with allograft, 1 assistant surgeon, 12 postoperative physical therapy sessions, 1 pair of crutches, 1 continuous passive motion machine rental and 7 day rental of a cold therapy unit for revision of the left knee. January 13, 2015, the utilization review denied authorization for preoperative basic metabolic panel and complete blood count, EKG (Electrocardiography), urinalysis, 1 revision left total

knee arthroplasty with a hinged implant and quadriceps reconstruction with allograft, 1 assistant surgeon, 12 postoperative physical therapy sessions, 1 pair of crutches, 1 continuous passive motion machine rental and 7 day rental of a cold therapy unit. The utilization Reviewer referenced MTUS guidelines and ODG Treatment Index guidelines for the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 preoperative basic metabolic panel, complete blood count, Urine and Drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back, Preoperative Lab Testing

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.

1 electrocardiography: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back, Preoperative Electrocardiography (ECG), Preoperative Lab Testing

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 12 post operative physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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.

1 assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back, Surgical Assistant

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.

1 revision left total knee arthroplasty with a hinged implant and quadriceps reconstruction with allograft: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines- Knee and Leg, Knee Arthroplasty

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Arthroplasty

Decision rationale: CA MTUS/ACOEM is silent on the issue of total knee replacement. According to the Official Disability Guidelines regarding Knee arthroplasty: Criteria for knee joint replacement which includes conservative care with subjective findings including limited range of motion less than 90 degrees. In addition the patient should have a BMI of less than 35 and be older than 50 years of age. There must also be findings on standing radiographs of significant loss of chondral clear space. The clinical information submitted demonstrates insufficient evidence to support a knee arthroplasty in this patient. There is no documentation from the exam notes from 11/11/14 of body mass index, failed conservative therapy or bone scan or radiographs demonstrating loosening. Therefore the guideline criteria have not been met and the determination is for non-certification.

Associated Surgical Service for 1 pair of crutches: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Knee and Leg, Walking Aids

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 1 continuous passive motion machine rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Knee and Leg, Continuous passive motion (CPM)

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 7 day rental of a cold therapy unit: 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.