

Case Number:	CM15-0013659		
Date Assigned:	02/02/2015	Date of Injury:	09/16/2009
Decision Date:	03/30/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/23/2015

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: 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 55 year old male, who sustained an industrial injury on 9/16/2009. The current diagnoses are severe osteoarthritis of the right knee and morbid obesity. Currently, the injured worker complains of worsening pain in the right knee. Examination of the right knee revealed tenderness along the medial and lateral joint line. Range of motion is from 0 to 90 degrees with crepitus. The treating physician is requesting a right total knee replacement with 3 day inpatient post-operative stay, platelet rich plasma, medical clearance, 14 day cold compression unit/cold therapy rental, knee brace, 30 day CPM machine rental, and surgical assistant, which is now under review. On 12/30/2014, Utilization Review had non-certified a request for a right total knee replacement with 3 day inpatient post-operative stay, platelet rich plasma, medical clearance, 14 day cold compression unit/cold therapy rental, knee brace, 30 day CPM machine rental, and surgical assistant. The right total knee replacement was non-certified based on no evidence given in the submitted clinical documentation that the patient had failed conservative treatment for right knee symptoms. The MTUS ACOEM and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Right total knee replacement by [REDACTED] at [REDACTED]
[REDACTED] with 3 Day Inpatient Post Operative Stay: Upheld**

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Knee and Leg Chapter, Knee joint replacement, Hospital Length of stay (LOS), Platelet-rich plasma (PRP)ODG Indications for Surgery- Knee arthroplasty

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

Decision rationale: The injured worker is morbidly obese. Although he probably does have severe osteoarthritis of the right knee, there is no radiology report submitted indicating involvement of at least 2 compartments by severe osateoarthritis as required by guidelines. The only report submitted pertains to an MRI scan of the right knee from 2011 which showed mild tricompartmental osteoarthritis. The guidelines require standing films. ODG indications for knee arthroplasty include involvement of 2 out of 3 compartments for a total knee replacement to be indicated. Conservative care with exercise therapy, physical therapy, and/or home rehabilitation exercises and medications or viscosupplementation or steroid injections plus subjective clinical findings of limited range of motion and nighttime joint pain and no pain relief with conservative care and documentation of current functional limitations demonstrating necessity of intervention plus objective clinical findings of age over 50 years and body mass index less than 40+ and imaging clinical findings of osteoarthritis on standing x-ray with varus or valgus deformity or evidence of arthroscopy demonstrating advanced chondral erosion or exposed bone. We can overlook the BMI requirement as that increases the risk of complications but is not an absolute requirement. However, in the absence of the imaging requirement medical necessity cannot be established.

Associated Surgical Service: Platelet Rich Plasma: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (Filardo, 2009)

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

Decision rationale: The requested surgical procedure is not medically necessary. Therefore, the request for ancillary services is also not medically necessary.

Associated Surgical Service: Medical Clearance: 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 Official Disability Guidelines, Section: Knee, Topic: Total Knee Arthroplasty

Decision rationale: The requested surgical procedure is not medically necessary. Therefore, the request for ancillary services is also not medically necessary.

Associated Surgical Service: Post Operative DME: 14 Day Rental Cold Compression Unit/Cold Therapy: 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 Official Disability Guidelines, Section: Knee, Topic: Total Knee Arthroplasty

Decision rationale: The requested surgical procedure is not medically necessary. Therefore, the request for ancillary services is also not medically necessary.

Associated Surgical Service: Knee brace: 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 Chapter Knee brace

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

Decision rationale: The requested surgical procedure is not medically necessary. Therefore, the request for ancillary services is also not medically necessary.

Associated Surgical Service: CPM Machine 30 Day Rental Through Progressive Ortho Solutions: 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 Official Disability Guidelines, Section: Knee, Topic: Total Knee Arthroplasty

Decision rationale: The requested surgical procedure is not medically necessary. Therefore, the request for ancillary services is also not medically necessary.

Associated Surgical Service: Surgical Assistant: 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 Official Disability Guidelines, Section: Knee, Topic: Total Knee Arthroplasty

Decision rationale: The requested surgical procedure is not medically necessary. Therefore, the request for ancillary services is also not medically necessary.