

<b>Case Number:</b>	CM15-0014962		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	01/25/2008
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	01/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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, Sports Medicine

### 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 53-year-old male who reported injury on 01/25/2008. The documentation of 12/19/2014 revealed the injured worker had complaints of left knee pain. The injured worker was noted to undergo a left knee Oxford procedure in 11/2013. The injured worker had popping and clicking of the left knee that was constant and chronic and the documentation indicated the injured worker needed the conversion from a left knee Oxford to a total knee arthroplasty. The Oxford procedure was a left knee medial compartment arthroplasty. The medications included Norco as needed. Physical examination revealed range of motion at 0 degrees to 120 degrees. The injured worker had no instability or laxity. There was a palpable and audible popping in the medial aspect of the left knee and a feeling there was something shifting in there, i.e. the polyethylene component. Quadriceps and hamstrings strength was intact. Neurovascularly, the extremity was intact. The diagnosis included chronic left knee pain status post Oxford unicompartmental replacement for arthrosis. The treatment plan included a conversion of the left knee Oxford to a left total knee arthroplasty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xarelto 10mg #30:** 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.

**Home Health Physical Therapy (12-visits): 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.

**Total Left Knee Replacement: 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, 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 (ODG), Knee & Leg Chapter, Knee joint replacement.

**Decision rationale:** The Official Disability Guidelines indicate for a total knee joint replacement, there should be documentation of 2 of the 3 compartments that are affected. There should be documentation of a failure of exercise therapy and medications, plus limited range of motion of less than 90 degrees and nighttime joint pain. There should be documentation of no pain relief with conservative care and documentation of functional limitations demonstrating a necessity for intervention. There should be documentation the injured worker is over 50 years of age and has a body mass index of less than 40. There should be documentation of a previous arthroscopy that documents advanced chondral erosion or exposed bone, especially if bipolar chondral defects are noted, or there should be documentation of standing x-rays with a significant loss of chondral space in at least 1 of the 3 compartments with varus or valgus deformity. The clinical documentation submitted for review failed to provide documentation that the injured worker had failed physical therapy and medications. There was a lack of documentation of limited range of motion as the motion was 0 degrees to 120 degrees. There was a lack of documentation of nighttime joint pain and no relief with conservative care. There was a lack of documentation of functional limitations. The body mass index was not provided. There were no x-rays findings submitted for review or previous arthroscopy results submitted for review. The injured worker was over 50 years of age. Given the above, the request is not medically necessary.

**Outpatient Physical Therapy (24-visits): 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.

**Pair of Crutches and a Walker: 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.

**Home Health Evaluation and Safety Check: 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.

**Aquacel Dressings (#2): 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.

**Inpatient Hospital Stay (3-days): 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.

**Electrocardiogram:** 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.

**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.

**Pre-Operative Cardiac Clearance:** 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.

**Pre-Operative Laboratory Work (CBC, BMP, urinalysis):** 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.