

Case Number:	CM15-0119544		
Date Assigned:	07/06/2015	Date of Injury:	01/19/2011
Decision Date:	09/11/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/22/2015

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, Indiana, Oregon
 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 67 year old male, who sustained an industrial injury on 1/19/11. Initial complaints were low back pain and right leg pain. The injured worker was diagnosed as having chondromalacia patellae; synovitis NOS; disruption anterior cruciate; tear lateral meniscus knee; internal derangement knee; right knee end stage osteoarthritis; primary osteoarthritis left leg. Treatment to date has included physical therapy; Synvisc injection series; medications. Diagnostic Studies included x-rays right knee (2/19/15). Currently, the PR-2 notes dated 2/19/15 is an Orthopedic Initial detailed consultation. The report indicated the injured worker reports that in 2014 she was recommended for a right total knee replacement but the surgeon postponed the surgery after he developed health issues. She presents for an initial examination of the right knee. She has been diagnosed with osteoporosis. She is taking these medications currently: Boniva 150mg one tab monthly; Naproxen 500mg 1 tab three times a day and Prilosec 40mg 1 daily as well as a multivitamin, Calcium and Ibuprofen as needed. The right knee examination notes positive for crepitus, range of motion is 0-120 degrees, Quadriceps strength is 4/5. X-rays reviewed document end stage osteoarthritis right knee. The provider's treatment plan for 2/19/15 included left total knee replacement; four day hospital stay; pre-operative medical clearance; Lovenox for ten days; home health physical therapy four times a week for two weeks; outpatient physical therapy three times a week for six weeks; Cold therapy unit; Continuous passive motion (CPM) machine and knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left total 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), Knee and Leg Chapter.

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

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. In this case the history and examination are for the right knee and a left TKA is requested. There is insufficient documentation of left knee history, physical exam and imaging to support the medical necessity of a left total knee replacement.

Four day inpatient 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

Preoperative 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 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: Lovenox for ten 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

Home health physical therapy four times a week for two weeks: 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: Outpatient physical therapy three times a week for six weeks: 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: 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

Associated Surgical Service: Continuous passive motion (CPM) machine: 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: Knee brace: 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