

Case Number:	CM15-0074246		
Date Assigned:	10/1/2015	Date of Injury:	01/03/2001
Decision Date:	11/05/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/18/2015

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 49-year-old female, who sustained an industrial injury on 1-3-01. The injured worker is undergoing treatment for right knee osteoarthritis. Medical records dated 2-10-15 indicate the injured worker complains of constant right knee pain and swelling. Pain is rated 8 out of 10. "She has constant pain. This includes night pain." "She is at the point now that she wants to proceed forward with knee replacement." Physical exam dated 2-10-15 notes 15-degree valgus wear pattern, decreased range of motion (ROM), joint tenderness and effusion. The physician refers to an X-ray indicating bone on bone of the right knee. Exam dated 12-12-14 review right knee X-ray (12-12-14) indicates, "Severe degenerative joint disease (DJD) of PF joint and joint interval is 0mm." Treatment to date has included right knee surgery in 2001, cortisone injections, Supartz injections, physical therapy, medications and heat. The noted dated 2-10-15 indicates right knee X-ray shows, "valgus wear and osteoarthritis." The original utilization review dated 3-16-15 indicates the request for right total knee replacement, pre-operative clearance, pre-operative chest x-ray, pre-operative cardiac electrocardiogram (EKG), pre-operative labs, post-operative physical therapy, post-operative Celebrex 200mg for 30 days, post-operative Xarelto 10mg for 30 days is non-certified noting knee replacement is not medically necessary due to lack of documentation of knee range of motion (ROM) less than 90 degrees, no functional limitations provided and no nighttime symptoms documented and surgical request is non certified therefore related requests are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Total Knee Replacement: 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 (ODG) Knee Chapter.

Decision rationale: The CA MTUS/ACOEM Guidelines are silent on the issue of total knee replacement. According to the Official Disability Guidelines, criteria for knee joint replacement include 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 worker is younger than lower limit recommended. Therefore, the request is not medically necessary.

Pre-Operative 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 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 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.

Pre-Operative Urine Analysis with Culture: 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 Lab: Prothrombin Time / Partial Thromboplastin Time (PT/PTT): 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 Lab: 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.

Pre-Operative Lab: Basic Metabolic Panel (BMP): 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.

Post-Operative Physical Therapy (12-sessions): 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.

Post-Operative Celebrex 200mg for 30-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.

Post-Operative Xarelto 10mg for 30-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.