

Case Number:	CM15-0078230		
Date Assigned:	04/29/2015	Date of Injury:	10/09/2013
Decision Date:	05/26/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/23/2015

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: 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 54 year old male, who sustained an industrial injury on October 9, 2013. Several documents included in the submitted medical records are difficult to decipher. He reported feeling a sudden pop in his right knee while pulling on a rope. The injured worker was diagnosed as having degenerative joint disease of the right knee. He was right knee arthroscopy in 2013. Diagnostics to date has included x-rays and an MRI. Treatment to date has included physical therapy, a right knee injection, a non-steroidal anti-inflammatory injection, and medications including pain and non-steroidal anti-inflammatory. On March 27, 2015, the injured worker complains of continued intermittent pain of the right knee after walking 10-15 minutes. His pain level is 5-6/10. Some of his pain is relieved by his non-steroidal anti-inflammatory medication. The physical exam revealed he walks without a cane, but is a little uncomfortable. There is medial and anterior patella tenderness, pain on flexing and squatting, and decreased flexion of the knee. The treatment plan includes a right total knee replacement. The requested treatments are right knee replacement and length of stay (LOS) x 4 days in-patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Days Inpatient Stay: 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 & Leg Chapter - Hospital Length of Stay.

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: This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur. CA MTUS/ACOEM is silent on the issue of length of stay following total knee arthroplasty. According to ODG Knee and Leg, 3 days is the best practice for a knee replacement. In this case the 4 day request exceeds the 3 day inpatient stay and the request is therefore not medically necessary and appropriate.

Right 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: Knee & Leg Chapter - Knee joint replacement.

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. The only physical therapy documented is postoperatively from the prior arthroscopy. There is no evidence in the cited examination notes of limited range of motion less than 90 degrees. The x-ray from 1/30/15 finds only mild tibiofemoral arthritis. No BMI is cited. Based on the above the requested procedure is not medically necessary.