

Case Number:	CM15-0095619		
Date Assigned:	05/22/2015	Date of Injury:	06/21/2013
Decision Date:	07/16/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/18/2015

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: 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 66 year old male, who sustained an industrial injury on 6/21/2013. The mechanism of injury is unknown. The injured worker was diagnosed as having a left knee meniscectomy in 2013. Left knee x rays showed moderate degenerative osteoarthritis. Treatment to date has included physical therapy in 2013 with mild improvement noted and medication management. In a progress note dated 4/17/2015, the injured worker complains of pain in the left lower extremity, left hip thigh and left knee, rated 9/10. Pain is documented as diffuse and radiates to the right hip and back. The treating physician is requesting total left knee replacement, computer-assisted surgical navigational procedure, pre-operative testing (electrocardiogram and lab studies) continuous passive motion rental for 21 days and 12 visits of postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total knee replacement, left: Overturned

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 ODG: Section: Knee, Topic: Knee joint replacement.

Decision rationale: ODG guidelines for a total knee arthroplasty include evidence of conservative treatment with an exercise rehabilitation program of physical therapy, nonsteroidal anti-inflammatory drugs, or corticosteroid injections or Viscosupplementation, subjective clinical findings of limited range of motion less than 90 and nighttime joint pain and no pain relief with conservative treatment and documentation of current functional limitations, objective clinical findings of age over 50 and body mass index of less than 40, and imaging clinical findings of osteoarthritis on standing x-ray documenting significant loss of chondral clear space in at least one of the 3 compartments with involvement of 2 compartments for a total knee replacement. In this case, there is no documentation of recent physical therapy; however, this is a chronic issue and physical therapy was documented in the past as well as a home exercise program. The body mass index is not known; however, there is no documentation of morbid obesity. The range of motion of the left knee was 0-100 on 4/17/2015. An x-ray was reported to show moderate degenerative osteoarthritis left knee. The provider reported narrowing of the medial joint space with osteophyte formation and preserved lateral joint space. The patellofemoral joint space was narrowed with osteophytes present. Limitation of activities has been described. A course of physical therapy in 2013 was also described. An MRI scan of the left knee dated 6/12/2013 described moderate patellofemoral arthritis and moderate medial compartment arthritis. The surgical procedure of 2013 confirmed involvement of the medial compartment as well as patellofemoral joint with osteoarthritis. Documentation from September 2014 indicates that he was taking naproxen. He declined the intra-articular injections. Pain levels have been reported as high as 9/10. In light of the foregoing, the medical records indicate that the ODG criteria for a total knee arthroplasty have been met. As such, the request for a left total knee arthroplasty is supported and is medically necessary and has been substantiated.

Computer-assisted surgical navigational procedure for musculoskeletal: 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 ODG: Section: Knee, Topic: computer assisted surgery.

Decision rationale: Based on the ODG guidelines robotic-assisted knee arthroplasty is not recommend. The guidelines state that it is not recommended because of similar outcomes in total knee arthroplasty between the image based navigation and conventional techniques. As such, the request for computer navigation is not medically necessary and has not been established.

Pre op visit and testing (EKG and labs): Overturned

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 ODG: Section: Low Back, Topic: Preoperative testing, general, Preoperative electrocardiogram, Office visits.

Decision rationale: ODG guidelines recommend a thorough history and physical examination and testing depending upon the co-morbidities. The injured worker is 66 years old and will undergo a total knee arthroplasty with potential need for volume replacement and possible thromboembolism. As such, an internal medicine consultation and a 12 lead EKG is warranted along with labs as deemed necessary by the internist. The request is appropriate and medically necessary.

CPM machine rental, twenty-one (21) days: Overturned

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 ODG: Section: Knee, Topic: Continuous passive motion.

Decision rationale: The request as stated is supported and medically necessary. ODG guidelines recommend continuous passive motion after a total knee arthroplasty for not more than 21 days. Therefore, the 21 day rental is appropriate and medically necessary.

Post op physical therapy; two (2) times a week for six (6) weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: California MTUS postsurgical treatment guidelines indicate 24 visits over 10 weeks for a total knee arthroplasty. The initial course of therapy is one-half of these 24 visits which is 12 and then with documentation of continuing functional improvement, an additional course of therapy of the remaining 12 visits may be prescribed. The request as stated is for 12 visits which is appropriate and the medical necessity is established.