

Case Number:	CM13-0019397		
Date Assigned:	10/11/2013	Date of Injury:	12/01/2009
Decision Date:	01/10/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in shoulder and elbow surgery, and is licensed to practice in California. 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 physician 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/services.

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 patient is a 42-year-old with a reported date of injury on 12/01/2009; the mechanism of injury was a twisting injury. The patient reported severe right knee pain with grinding and catching, instability of the knee, moderate intra-articular fusion, marked pain with palpation over the medial joint line, positive patellar grind test, moderate patellar crepitus, positive Lachman's, positive pivot shift, positive anterior and posterior drawer signs, and a positive McMurray's test. Patellar apprehension sign was negative, varus stress test was negative, valgus stress test was negative, external rotation recurvatum was negative, rotary was negative, Steinman's test was negative, Apley's compression test was negative, Apley's distraction test was negative, and bound's test was negative. The patient was noted to have a diagnosis of status post anterior cruciate ligament tear with reconstruction and subsequent advanced osteoarthritis. The provider's treatment plan consisted of a request for a right knee total arthroplasty, inpatient stay for the surgery, and postoperative physical therapy for 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee total arthroplasty: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for Surgery Chapter, Knee Arthroplasty Section.

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, Knee joint replacement.

Decision rationale: The patient underwent x-rays on 01/25/2013, which revealed evidence of moderate joint space narrowing with mild osteophyte formation in all 3 joint compartments, there was no evidence of joint effusion, and the alignment was within normal limits. The x-rays were AP and lateral views. It was noted that the patient underwent physical therapy postoperatively, but the patient continued to have swelling, pain, and incitation of instability with certain steps when he walked. The patient had 180 degrees of extension and 135 degrees of flexion in the right knee. It was noted within the documentation that the patient had severe osteoarthritis; however, the x rays performed in 01/2013 indicated moderate arthritis in both knees. Within the provided documentation, it was unclear what medications and other therapies (injections, bracing, NSAIDS, etc.) have been utilized in order to try to alleviate the patient's symptoms. The patient is not over 50 years of age, and the requesting physician did not include the patient's body mass index within the provided documentation. Additionally, per the provided medical records, it appeared the patient's range of motion exceeded the recommendation of less than 90 degrees for a total knee arthroplasty, and the patient did not have an indication of nighttime joint pain. The request for right knee total arthroplasty is not medically necessary or appropriate.

Post-operative physical therapy for 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.