

Case Number:	CM13-0019741		
Date Assigned:	12/11/2013	Date of Injury:	07/08/2009
Decision Date:	02/21/2014	UR Denial Date:	08/07/2013
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 and is licensed to practice in Pennsylvania. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Records indicate the patient is a 55-year-old female, with the date of injury noted as 07/08/09. Radiographs of the knee showed end stage arthritis with bone on bone contact in the medial compartment of the right knee. The injury and relation to the patient's arthritis was not entirely clear, though records suggested the patient swung her leg over a horse and was later diagnosed with a non-displaced femur fracture by MRI. It does not appear that she fell from the horse, and it is not clear whether she sustained any type of intra-articular injury to affect her arthritic condition. Nevertheless, she has been subsequently treated with medication and injections but reports ongoing activity related pain. An arthroscopy of the knee followed by either uni-compartmental or total knee arthroplasty has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy (with provisions for uni-compartmental replacement or total knee arthroplasty depending on findings) by [REDACTED]: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344. Decision based on Non-MTUS Citation ODG, Knee and Lower Leg (Acute and Chronic).

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: Knee Replacement Surgery.

Decision rationale: The requested surgery appears reasonable based on the patient's end stage arthritis and failure of conservative care. California MTUS guidelines are silent. The patient meets appropriate age criteria according to the Official Disability Guidelines. The patient has activity-related pain with objective findings on exam that correlate with the patient's arthritic condition and collapse of the medial compartment. An arthroscopy in this setting is reasonable to determine the status of the lateral compartment and patellofemoral compartment, as this would help to determine the type of arthroplasty procedure that would be recommended. Physical therapy would not be expected to be helpful in this setting with end stage bone on bone contact. Therefore, the requested right knee arthroscopy, with provisions for uni-compartmental replacement or total knee arthroplasty depending on findings, is medically necessary and appropriate.

Tramadol 50mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Opioids: Tramadol Page(s): 93-94.

Decision rationale: Based upon the CA MTUS Chronic Pain Guidelines, Tramadol is indicated for moderate to severe pain. The use of Tramadol for assistance with postoperative pain relief is reasonable. Since the primary procedure is medically necessary, this associated service is medically necessary.