

Case Number:	CM13-0023579		
Date Assigned:	12/18/2013	Date of Injury:	09/10/2010
Decision Date:	05/21/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	09/12/2013

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. The expert reviewer is Board Certified in Orthopedic 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 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/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:

The patient is a 54-year-old who sustained an injury to the right knee on 09/10/10. Clinical records for review included prior imaging of the right knee showing an 08/22/11 MRI report with patellofemoral joint degenerative changes and a small joint effusion with medial compartment degenerative changes with a medial meniscal tear. Records indicated specific to the right knee he is status post prior arthroscopic procedures for meniscectomy. A recent 07/02/13 assessment with [REDACTED], stated ongoing complaints of pain about the right knee in the medial aspect with a varus deformity on examination and radiographs showing essentially bone on bone changes to the medial compartment. It noted that the claimant has failed care in the form of viscosupplementation injections, prior arthroscopic surgery, physical therapy, anti-inflammatory agents, and recommended the role of a medial unicompartmental arthroscopy to the knee for further assistance. Further clinical records in regard to the claimant's right knee care were not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgeon to assist with Medial Hemiarthroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG, INDICATIONS FOR SURGERY - KNEE ARTHROPLASTY.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) OFFICIAL DISABILITY GUIDELINES TREATMENT IN WORKER'S COMP, 18TH EDITION, 2013 UPDATES: KNEE PROCEDURE - KNEE JOINT REPLACEMENT.

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, the role of unicompartmental arthroplasty is only indicated in situations where acute unicompartment change is noted. The records in this case indicate the claimant's prior MRI scan shows advanced degenerative changes to the patellofemoral compartment. The role of a unicompartmental arthroplasty in the setting of bicompartamental disease would not be clinically indicated. Therefore, there would be no need for an assistant surgeon since the index procedure is not recommended as medically necessary.

Cooler - cold therapy unit: 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) OFFICIAL DISABILITY GUIDELINES TREATMENT IN WORKER'S COMP, 18TH EDITION, 2013 UPDATES: KNEE PROCEDURE - CONTINUOUS-FLOW CRYOTHERAPY

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, cryotherapy devices are not indicated following joint arthroplasty to the knee. The clinical records in this case do not indicate the acute need of a surgical process. The role of a cryotherapy device would not be indicated.

Crutches: 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) OFFICIAL DISABILITY GUIDELINES TREATMENT IN WORKER'S COMP, 18TH EDITION, 2013 UPDATES: KNEE PROCEDURE - WALKING AIDS (CANES, CRUTCHES, BRACES, ORTHOSES, & WALKERS)

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, the role of crutches in this case would not be indicated as the need for operative intervention has not been established.

CPM rental x 14 days post-op: 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) OFFICIAL DISABILITY GUIDELINES TREATMENT IN WORKER'S COMP, 18TH EDITION, 2013 UPDATES: KNEE PROCEDURE - CONTINUOUS PASSIVE MOTION (CPM)

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, CPM to the knee would not be indicated. The role of surgical process to the claimant's knee has not been established, negating the role of this postoperative device.

Post-op Home Health Physical Therapy x 5 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, home health services would not be indicated. The role of home physical therapy in this case would not be supported as the need for operative intervention has not yet been established.

Post-op Outpatient Physical Therapy x 24 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, outpatient physical therapy is also not indicated. The claimant's surgical process has not yet been established by clinical records. This would negate the need of this postoperative treatment.