

Case Number:	CM13-0029781		
Date Assigned:	11/01/2013	Date of Injury:	05/13/2011
Decision Date:	02/18/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	09/27/2013

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 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. 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 59 year old injured worker with date of injury 5/13/13, with a report of injuries to bilateral knees. Exam note from 9/11/13, demonstrates left knee pain with report of severe crepitation. Report of radiographs demonstrating widening on medial side is noted. Request for left knee unicompartmental knee arthroplasty, is noted. MRI left knee 8/3/11, demonstrates full thickness chondral loss of the medial weight bearing surface.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee unicompartmental knee 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: According to the Official Disability Guidelines, regarding knee joint replacement, states" Criteria for knee joint replacement, if only 1 compartment is affected, a unicompartmental or partial replacement may be considered. If 2 of the 3 compartments are affected, a total joint replacement is indicated.) 1. Conservative Care: Exercise therapy (supervised PT and/or home rehab exercises) and medications. (Unless contraindicated: NSAIDs

or Visco supplementation injections or Steroid injection); 2. Subjective Clinical Findings: Limited range of motion (<90° for TKR), nighttime joint pain, no pain relief with conservative care (as above), and documentation of current functional limitations demonstrating necessity of intervention. 3. Objective Clinical Findings: Over 50 years of age and Body Mass Index of less than 35, where increased BMI poses elevated risks for post-op complications. 4. Imaging Clinical Findings: Osteoarthritis on: Standing x-ray (documenting significant loss of chondral clear space in at least one of the three compartments, with varus or valgus deformity an indication with additional strength) or previous arthroscopy (documenting advanced chondral erosion or exposed bone, especially if bipolar chondral defects are noted)". In this case, there is no documentation of increased pain with initiation of activity or weight bearing. There is no documentation of failure of conservative management to support unicompartmental knee replacement. The request for left knee unicompartmental knee arthroplasty, is not medically necessary and appropriate.

Left knee total 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 (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: According to the Official Disability Guidelines, regarding knee joint replacement, states" Criteria for knee joint replacement, if only 1 compartment is affected, a unicompartmental or partial replacement may be considered. If 2 of the 3 compartments are affected, a total joint replacement is indicated.) 1. Conservative Care: Exercise therapy (supervised PT and/or home rehab exercises) and medications. (Unless contraindicated: NSAIDs or Visco supplementation injections or Steroid injection); 2. Subjective Clinical Findings: Limited range of motion (<90° for TKR), nighttime joint pain, no pain relief with conservative care (as above), and documentation of current functional limitations demonstrating necessity of intervention. 3. Objective Clinical Findings: Over 50 years of age and Body Mass Index of less than 35, where increased BMI poses elevated risks for post-op complications. 4. Imaging Clinical Findings: Osteoarthritis on: Standing x-ray (documenting significant loss of chondral clear space in at least one of the three compartments, with varus or valgus deformity an indication with additional strength) or previous arthroscopy (documenting advanced chondral erosion or exposed bone, especially if bipolar chondral defects are noted)". In this case, there is no documentation of increased pain with initiation of activity or weight bearing. There is no documentation of failure of conservative management to support total knee replacement. The request for total left knee replacement, is not medically necessary and appropriate.

. Inpatient hospital stay, 5 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Inpatient stay, rehabilitation, 10 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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.

Lovonox 40mg pre-filled, quantity 21: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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.