

Case Number:	CM13-0038511		
Date Assigned:	12/18/2013	Date of Injury:	02/06/1996
Decision Date:	05/15/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/25/2013

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:

This is a 72-year-old gentleman who sustained an injury to his left knee and hip on February 6, 1996. The records provided for review specific to the left knee included a September 23, 2013 evaluation noting complaints of pain in the left knee and that the claimant was status post a right patellofemoral arthroplasty. The evaluation described retropatellar pain, tenderness to palpation, and positive compression testing. The evaluation documented that radiographs demonstrated patellofemoral joint disease with preserved medial and lateral joint spaces. Conservative measures included medication management, viscosupplementation injections, physical therapy, and the prior right knee procedure. A previous assessment on August 26, 2013 documented that left knee radiographs demonstrated "moderate degenerative changes, tricompartmentally." The recommendation was made for resurfacing arthroplasty of the claimant's patella with postoperative use of Home Health, Lovenox injections, a continuous passive motion device, a cryotherapy cuff, and medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE RE-SURFACING: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345. Decision based on Non-MTUS Citation Knee Surg Sports Traumatol Arthrosc. 2012 Jul;20(7): 1216-26. doi: Patellofemoral arthroplasty, where are we today? Lustig

S, Magnussen (RA) Rheumatoid Arthritis, Dahm DL, Parker D. Source Sydney Orthopaedic Research Institute.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment In Worker's Comp, 18th Edition, 2013 Updates: Knee Procedure -Focal Joint Resurfacing.

Decision rationale: The CA MTUS and ACOEM Guidelines are silent. The Official Disability Guidelines do not recommend knee "resurfacing" due to the lack of quality studies supporting the procedure. In addition, while the physician recommends patellofemoral joint resurfacing, the claimant's recent assessment indicated tricompartmental degenerative change on imaging of the left knee. Based upon the Official Disability Guidelines that do not support knee resurfacing, the proposed left knee re-surfacing procedure cannot be recommended as medically necessary.

LOVENOX INJECTIONS 30MG TIMES TEN DAYS: 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) Treatment In Worker's Comp , 18th Edition, 2013 Updates: Knee Procedure - Venous Thrombosis.

Decision rationale: The proposed left knee re-surfacing procedure cannot be recommended as medically necessary. Therefore, the request for Lovenox injections would not be necessary.

HOME HEALTH RN VISITS AND PHYSICAL THERAPY: 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, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, HOME HEALTH SERVICES, 51

Decision rationale: The proposed left knee re-surfacing procedure cannot be recommended as medically necessary. Therefore, the request for Home Health Services and physical therapy would not be necessary.

CPM MACHINE TIMES TWENTY ONE DAYS: 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) Treatment In Worker's Comp , 18th Edition, 2013 Updates: Knee Procedure -Continuous Passive Motion.

Decision rationale: The proposed left knee re-surfacing procedure cannot be recommended as medically necessary. Therefore, the request for a continuous passive motion machine would not be necessary.

COLD THERAPY CUFF: 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) Treatment In Worker's Comp, 18th Edition, 2013 Updates: Knee Procedure -Continuous-Flow Cryotherapy.

Decision rationale: The proposed left knee re-surfacing procedure cannot be recommended as medically necessary. Therefore, the request for a cold therapy cuff would not be necessary.

MEDICAL CLEARANCE: 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 American College of Occupational and Environmental Medicine, Chapter 7, Independent Medical Examinations And Consultations, Page 127.

Decision rationale: The proposed left knee re-surfacing procedure cannot be recommended as medically necessary. Therefore, the request for preoperative medical clearance would not be necessary.