

Case Number:	CM13-0039342		
Date Assigned:	12/18/2013	Date of Injury:	04/16/2010
Decision Date:	06/19/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/04/2013

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 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 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 61-year-old male status post injury of 04/16/10 and left knee arthroplasty on 06/27/12. Radiographs taken surgically noted a properly positioned knee replacement without subluxation of the patella. CT scan of the knee on 07/22/13 did not show significant abnormality or malpositioning of the knee components. The presumptive diagnosis is that of scar tissue and a painful knee replacement. The medical records do not contain documentation of assessment or evaluation for possible infectious etiology, which may include arthrocentesis and synovial fluid analysis, laboratories of CBC with Differential, sedimentation rate, and C-reactive protein, imaging such as a bone scan to evaluate aseptic or septic loosening and assessment of the painful knee replacement. There is no documentation that the patellofemoral articulation is unstable on physical findings or by radiograph parameters.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE ARTHROSCOPIC JOINT DEBRIDEMENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Arthroscopic surgery.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp: 18th Edition, 2014 Updates; Chapter Knee and Leg, arthroscopy.

Decision rationale: Based upon the CA ACOEM Guidelines and supported by the Official Disability Guidelines, the request for left knee arthroscopic debridement cannot be supported as medically necessary. The ACOEM Guidelines recommend conservative treatment for knee symptoms to include activity limitations and therapy prior to determining the need for surgery. The Official Disability Guidelines recommend in addition to a trial of conservative treatment, clear imaging findings of a defect. In this case, as noted, the intraoperative films identify a properly positioned knee replacement without subluxation of the patella. Postoperative imaging did not show a significant abnormality or malpositioning of the knee components. The presumptive diagnosis is that of scar tissue and a painful knee replacement. However, there is no documentation to confirm that the claimant's symptoms are not a result of infectious etiology. There is also no documentation of patellofemoral articulation instability. Therefore, the proposed surgery cannot be recommended as medically necessary.

PRE-OP CLEARANCE: 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.

POST-OP PHYSICAL THERAPY 3 X 4 (12): 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.