

Case Number:	CM13-0044074		
Date Assigned:	12/27/2013	Date of Injury:	11/26/2008
Decision Date:	02/25/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/25/2013

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, has a subspecialty in Elbow 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 54-year-old male who reported injury on 03/17/2010. The mechanism of injury was stated the patient was loading a container when he was lifting a suitcase weighing around 30 to 40 pounds and felt immediate pain in the right hip, right knee and low back. The patient was noted to experience numbness in the right leg. The patient was noted to have frequent knee pain bilaterally. The pain was noted to increase with walking or standing over 15 to 20 minutes, flexing and extending the knees and climbing or descending stairs. The patient reports giving way of bilateral knees. The patient was noted to have swelling, popping and clicking. The patient's pain was noted to be a 5 in the right knee and a 7 in the left knee. The patient was noted to have bilateral tenderness over the medial and lateral patella, and medial and lateral joint line tenderness bilaterally. The patient was noted to be post right knee surgery approximately 2 years prior to the examination date of 06/10/2013. Both of the patient's knees were noted to show osteoarthritis. The patient's diagnosis was noted to include bilateral knee osteoarthritis. The request was made for a right knee total arthroplasty, nutrition consult and weight reduction program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight Reduction Program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse, Article - Diagnosis and treatment of adult degenerative joint disease/osteroarthritis of the knee.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wing, Rena R & Phelan, Suzanne, Long-term weight loss maintenance. Am J Clin Nutr 2005 82: 222S-225

Decision rationale: Per Wing, et. al. (2005) "Findings from the registry suggest six key strategies for long-term success at weight loss: 1) engaging in high levels of physical activity; 2) eating a diet that is low in calories and fat; 3) eating breakfast; 4) self-monitoring weight on a regular basis; 5) maintaining a consistent eating pattern; and 6) catching "slips" before they turn into larger regains. Initiating weight loss after a medical event may also help facilitate long-term weight control." There was a lack of clinical documentation to support the rationale for this request. Given the above and the lack of documented rationale, the request for weight reduction program is not medically necessary.

Nutrition Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: ACOEM guidelines indicate that a referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery. There was a lack of clinical documentation to support the rationale for this request. Given the above and the lack of documented rationale, the request for nutrition consultation is not medically necessary.

Right total 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 (ODG), Knee & Leg Chapter, Knee joint replacement.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Knee joint replacement.

Decision rationale: Official Disability Guidelines recommend the criteria for knee joint replacement include "conservative care of exercise therapy (supervised PT and/or home rehab exercises) and medications (unless contraindicated: NSAIDs or Visco supplementation injections OR Steroid injection). PLUS subjective clinical Findings: Limited range of motion (<90° for TKR). AND nighttime joint pain. AND no pain relief with conservative care (as above) AND documentation of current functional limitations demonstrating necessity of intervention. PLUS 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. PLUS 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)." The clinical information submitted for review indicated that the patient was over 50 and had limitations on activities of daily living, and was noted to have undergone a right knee arthroscopy. The patient had tenderness over the medial patella and joint line and over the lateral patella and joint line. He additionally had normal range of motion with pain. He had an x-ray of the right knee which revealed osteoarthritis. The clinical documentation indicated that patient had improved after synvisc injections. The clinical documentation indicated that patient had trialed physical therapy, NSAIDS and topicals. The clinical documentation failed to indicate the patient had limited range of motion and the patient's body mass index. The weight was noted to be 224. Given the above, and the patient's improvement with Viscosupplementation injections, the request for a right total knee arthroplasty is not medically necessary.