

Case Number:	CM13-0047510		
Date Assigned:	12/27/2013	Date of Injury:	05/21/2008
Decision Date:	03/06/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/04/2013

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 58-year-old male who sustained a work-related injury on 5/21/08. He underwent an arthroscopic medial meniscectomy and medial femoral condyle chondroplasty on 10/10/08, followed by repeat right knee arthroscopy with debridement and chondroplasty in March 2012. Subjective complaints include right knee pain, pain at night, and feeling of catching and weakness. Objective findings include a BMI of 36.2, and decreased range of motion with extension and flexion. Imaging findings include degenerative changes within the knee on AP and lateral with narrowing. Current diagnoses include status post chondroplasty with significant osteoarthritic changes, and treatment to date includes physical therapy, injections, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for a CT scan of the right knee for prosthetic measurements: 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.

Decision rationale: The MTUS does not specifically address the issue at hand. The Official Disability Guidelines state that computed tomography is indicated as an option for pain after total knee arthroplasty with negative radiograph for loosening. Within the medical information available for review, there is documentation of a diagnosis of status post chondroplasty with significant osteoarthritic changes, and a recommendation for computed tomography (CT) scan of right knee for prosthetic measurements. However, there is no documentation of a pending surgery that is medically necessary. Therefore, the request is not medically necessary.

The request for right total knee arthroplasty and a two-day inpatient stay: Overturned

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.

Decision rationale: The MTUS does not specifically address the issue at hand. The Official Disability Guidelines necessitate documentation of at least 2 of the 3 compartments affected, subjective findings of limited range of motion and nighttime joint pain, objective findings of being over 50 years of age and having a BMI of less than 35, imaging findings of osteoarthritis on standing x-ray or arthroscopy report, and prior conservative treatments such as physical modality, medications, and either viscosupplementation injections or steroid injection. The ODG does state that an inpatient hospital stay may be warranted for up to 3 days after total knee arthroplasty. Within the medical information available for review, there is documentation of a diagnosis of status post chondroplasty with significant osteoarthritic changes, subjective findings of limited range of motion and nighttime joint pain, objective findings that the patient is over 50 years of age, imaging findings of osteoarthritis on standing x-ray, and a history of physical modality, medications, and injections. However, there is no documentation of at least 2 of the 3 compartments affected. In addition, given that the patient's BMI is 36.2, he exceeds guideline recommendations. There is also a lack of a directed weight reduction effort and/or the medical necessity to proceed with surgery despite an elevated BMI. Therefore, the request is not medically necessary.