

Case Number:	CM13-0052261		
Date Assigned:	04/25/2014	Date of Injury:	12/07/2005
Decision Date:	07/07/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/15/2013

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 64-year-old gentleman who injured the left knee on 12/07/05. Clinical records for review include the 10/29/13 progress report noting ongoing complaints of pain in the neck, low back and bilateral knees. Specific to the left knee the report documents that a viscosupplementation injection was performed on that date. Objectively there was tenderness in the left knee with palpation, positive patellofemoral grind testing, medial and lateral joint line tenderness and positive McMurray's testing. The diagnosis was "left knee arthroscopy with residuals." Following the viscosupplementation injection there was request for a repeat MRI scan of the left knee and a unicompartmental versus total joint arthroplasty. Additional documentation included an 11/13/13 follow-up report that documented the claimant had continued complaints of pain in the knee. The report of plain film radiographs demonstrated osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

SUPARTZ INJECTION: 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 (Acute & Chronic).

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

Decision rationale: The California MTUS and ACOEM Guidelines do not address this request. Based on the Official Disability Guidelines, the request for viscosupplementation injections would not be indicated. At the time of request, this individual had received a viscosupplementation injection at the last clinical visit. There is currently no documentation of six months of benefit with the medication. Without understanding the long term efficacy of the prior procedure, the request for Supartz viscosupplementation injection for this individual's knee would not be supported. Therefore, the request for Supartz injection is not medically necessary and appropriate.

MRI OF THE LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341, 343.

Decision rationale: Although this individual's physician recommended an arthroplasty, there is currently no documentation of physical examination finding or subjective complaint that would support a request for an MRI scan. MRI scans are also not indicated for preoperative planning purposes prior to arthroplasty procedures. Given this individual's well established diagnosis of osteoarthritis of the knee, the role of an MRI would not enhance the claimant's diagnosis. Therefore, the request for MRI of the left knee is not medically necessary

ARTHROTOMY OF THE LEFT KNEE UNICOMPARTMENTAL REPLACEMENT VERSUS TOTAL LEFT KNEE ARTHROPLASTY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344.

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, Knee procedure - Knee joint replacement.

Decision rationale: The California MTUS and ACOEM Guidelines do not address the requested arthroplasty. When looking at Official Disability Guidelines, the request for a unicompartmental versus total joint arthroplasty would not be indicated. At last clinical assessment this individual was noted to have a significant body mass index greater than 35 as recommended by the ODG Guidelines and was recommended to lose upwards of 50 pounds. The acute need of arthroplasty in the setting of obesity and body mass index of greater than 35 is not supported by ODG. Therefore, the request for arthrotomy of the left knee unicompartmental replacement versus total left knee arthroplasty is not medically necessary and appropriate.

