

Case Number:	CM13-0053855		
Date Assigned:	12/30/2013	Date of Injury:	10/29/2007
Decision Date:	05/19/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/18/2013

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:

The claimant, a 47-year-old female, sustained an injury to the lower extremities in an October 27, 2007 work related accident. The records available for review specific to the right knee include an October 24, 2013, progress report indicating end-stage degenerative change of the medial compartment of the right knee and failed conservative care. The note states that, based on the claimant's ongoing clinical complaints, total joint arthroplasty is recommended. The records document history that includes knee arthroscopy with meniscectomy in February 2010, as well as treatment with anti-inflammatory agents, medication management and therapy. There is currently no documentation of recent intra-articular corticosteroid or hyaluronic acid injections. While records indicate a diagnosis of degenerative joint disease, no recent clinical imaging is available for review. This request is for a right total knee arthroplasty, a preoperative MRI scan to the right knee for planning purposes, 16 sessions of physical therapy and the postoperative use of a CPM machine.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT TOTAL KNEE ARTHROSCOPY (TKA): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg (updated 06/07/13)

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 - Knee Joint Replacement.

Decision rationale: According to the Official Disability Guidelines, the request for total joint arthroplasty would not be supported in this case. Clinical records available for review do not document recent treatment with a corticosteroid or viscosupplementation injection therapy. In the records provided for review there are no imaging reports to confirm the diagnosis of advanced degenerative arthrosis. The ODG also indicate that the claimant's age (under 50) would be a contraindication to total joint arthroplasty. This contraindication, the absence of imaging results supporting the diagnosis of advanced degenerative arthrosis, and lack of documentation of steroid injections or viscosupplementation would make this request for total joint arthroplasty medically unnecessary.

POST-OP PT 16: 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.

CPM: 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.