MAXIMUS Federal Services

Case Number:	CM13-0054318		
Date Assigned:	12/30/2013	Date of Injury:	10/07/2011
Decision Date:	06/03/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/12/2013

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 patient is a 56 year old male who was injured on 10/07/2011 while assisting a customer in the parking lot with groceries in a cart when twisted body and felt a pop in the back. Prior treatment history has included 9 sessions of physical therapy, Percocet and Gralise. The patient underwent arthroscopy on 08/07/2013. Diagnostic studies reviewed include MR arthrogram of the left knee dated 07/31/2013 revealed a thin linear horizontal tear within the body of the lateral meniscus, extending to the free edge; previous partial medial meniscectomy. The small residual body of the medial meniscus was extruded medially by 2 mm; a 7 mm curvilinear nondisplaced subchondral trabecular fracture within the lateral aspect of the medial femoral condyle; mild edema within the medial femoral condyle adjacent to the attachment of the MCL and mild edema within the lateral femoral condyle, possibly representing bone bruises; severe cartilage fraying of the patella; and a 7.7 x 2.3 x 2.6 cm elongated multilobulated popliteal cyst, with multiple internal septations, communicating with the joint. MRI of the left knee performed on 02/27/2012 demonstrated a left knee mild sprain of the MCL and medial capsule; apparent degenerative tear of the medial meniscus; moderate Baker's cyst and mild chondromalacia patella. PR2 dated 11/01/2013 indicated the patient had complaints of consistent discomfort in the knee. He had swelling in his knee and could not walk more than a couple of blocks. He has had 3 injections of cortisone and 3 arthroscopic procedures all without relief of his symptoms. He reported his pain without medications was an 8/10 and his pain reduces to approximately a 5-6/10. Objective findings on exam revealed marked swelling about the left knee with a 3+ effusion. There was diffuse tenderness. The patient walked slowly and carefully with a marked limp and he had a decreased stance phase on the left. The patient was diagnosed with left knee sprain/strain. Supplemental report dated 10/31/2013 documented the patient to have had progressive worsening of his left knee pain with swelling and effusion. He rated his pain without medications

an 8/10. His pain reduces to approximately a 5 to 6/10. Objective findings on exam revealed marked swelling about the left knee with a 3+ effusion. There was diffuse tenderness. The patient walked slowly and carefully with marked limp. There was decreased stance phase on the left. The patient was diagnosed with a left knee sprain/strain. Rehabilitation progress report dated 09/24/2013 documented the patient was making gains with therapy in regards to strength and ROM , but continued to be challenged with functional activities such as stairs, squats, walking, and balance (proprioception). The patient was recommended he should continue physical therapy to address ram and strength deficits as well as improve balance and proprioception for safe functional activities in the community.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOTAL KNEE ARTHROPLASTY, LEFT KNEE: 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, 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 AND LEG, KNEE JOINT REPLACEMENT.

Decision rationale: The CA MTUS guidelines have not addressed knee joint replacement. According to the ODG, knee joint replacement is recommended as it is found to be associated with substantial functional improvement. The majority of patients who undergo total joint replacement are able to maintain a moderate level of physical activity, and some maintain very high activity levels. The medical records document the patient had complained of left knee pain associated with swelling, the patient had history of 3 times arthroscopic intervention last one was dated 8/7/2013 and revealed extensive stage 3 chondral disease of patellofemoral compartment, medial compartment and lateral compartment. On physical examination, there was swelling with diffuse tenderness and limitation of walking. In the absence of documented complete knee physical examination "i.e. Range of Motion (ROM)", further, the patient had 9 sessions of physical therapy according to report dated 09/24/2013 revealed improved strength and range of motion and absence of documented BMI of the patient, the request is not medically necessary according to the guidelines.

PRE-OPERATIVE MEDICAL CLEARANCE (CHEST X-RAY, EKG, LABORATORIES): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG LOW BACK, PREOPERATIVE TESTING.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK, PREOPERATIVE TESTING, GENERAL.

Decision rationale: The CA MTUS guidelines have not addressed the issue if dispute. According to the (ODG) Official Disability Guidelines, Preoperative testing, general is recommended, and it is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings .As the patient is not certified for any recent surgical intervention, the request is not medically necessary at this time according to the guidelines.

THREE (3) DAY INPATIENT STAY: 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, HOSPITAL LENGTH OF STAY.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK, HOSPITAL LENGTH OF STAY (LOS).

Decision rationale: The CA MTUS guidelines have not addressed the issue if dispute. According to the ODG, Hospital length of stay (LOS) is recommended, and it is based on type of surgery, or best practice target LOS for cases with no complications .As the patient is not certified for any recent surgical intervention, the request is not medically necessary at this time according to the guidelines.