

Case Number:	CM13-0064785		
Date Assigned:	01/03/2014	Date of Injury:	05/05/2012
Decision Date:	05/22/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/12/2013

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 claimant is a 45-year-old gentleman who on 05/05/12 injured his left knee. The records indicate he is status post left knee arthroscopy, partial medial meniscectomy, chondroplasty and patellofemoral joint debridement on 06/24/13. The last clinical assessment for review was from 11/08/13 where the claimant was with continued complaints of pain about the left knee with 0 to 120 degrees range of motion, swelling and tenderness to the patellofemoral joint. He was diagnosed with traumatic chondromalacia to the patella, status post meniscectomy. Based on failed postoperative conservative measures and unicompartmental left knee patellofemoral replacement was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

A LEFT KNEE PATELLA-FEMORAL COMPARTMENT PARTIAL 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 procedure

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 - Knee joint replacement

Decision rationale: The California MTUS Guidelines are silent. When looking at Official Disability Guidelines (ODG) criteria the role of unicompartmental arthroplasty, in this case, the patellofemoral joint, would not be indicated. Unicompartmental arthroplasty is recommended for situations where isolated degree of degenerative change is noted about the knee cavity in individuals who meet all other clinical criteria for knee replacement procedure. This individual has not failed conservative care in the form of viscosupplementation or corticosteroid injections and is currently only 45 years old. The ODG do not recommend the role of arthroplasty under the age of 50 and without documentation of significant course of conservative care. Lack of exhaustion of conservative care in this otherwise healthy, 45-year-old, individual would not be supportive of a unicompartmental, i.e. patellofemoral joint arthroplasty procedure. As such, the request is not certified.

PREOPERATIVE LABWORK (CHEM PANEL AND CBC): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chernecky, C. C., Berger, B. J. (2008). Laboratory Tests and Diagnostic Procedures, 5th ed. St. Louis: Saunders; Fishbach, F. T., Dunning, M. B. III, eds. (2009). Manual of Laboratory and Diagnostic tests, 8th ed. Philadelphia: Lippincott Williams and Wilkins; a

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

Decision rationale: The California ACOEM Guidelines do not support the role of preoperative medical assessment, and since the primary procedure is not medically necessary, none of the associated services are medically necessary.

A PREOPERATIVE CT SCAN OF THE LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation MTUS: ACOEM Guidelines, Knee Complaints,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee procedure - Three-dimensional CT (3D)

Decision rationale: The California ACOEM Guidelines would not support the role of preoperative imaging in this case the need for arthroplasty has not been established. Furthermore, Official Disability Guidelines (ODG) criteria would not recommend the role of imaging for preoperative planning purposes for arthroplasty. As such, the request is not certified.

POSTOPERATIVE PHYSICAL THERAPY (2-3 TIMES PER WEEK FOR 12 WEEKS):
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 13-27.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California ACOEM Guidelines do not support the role of postoperative physical therapy, and since the primary procedure is not medically necessary, none of the associated services are medically necessary.