

Case Number:	CM13-0068445		
Date Assigned:	01/17/2014	Date of Injury:	07/18/2013
Decision Date:	11/03/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/19/2013

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 Orthopaedic 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 62-year-old male who sustained an industrial injury on 7/18/2013. While pulling as stuck pallet jack he hyperextended the left knee and has sudden pain. Treatment has included physical therapy, brace, cortisone injection, and NSAID medication. A prior peer review completed on 12/07/2013 non-certified the request for left total knee Arthroplasty with 3-day inpatient stay with assistant surgeon. The medical records did not establish the patient was a candidate for knee Arthroplasty. The request was not supported by the guidelines. Left knee MRI dated 8/13/2013 revealed complete biceps femoris tear with large associated fluid gap and with significant proximal retraction. Overall severe tricompartmental osteoarthritis greatest medially. Extensive medial greater than lateral chronic degenerative meniscal tears. Severe proximal tib/fib joint osteoarthritis. Moderate posttraumatic soft tissue edema about the knee with moderate sized knee joint effusion. Small Baker's cyst. Moderate partial tear of the popliteus tendon distally. Complete ACL tear. Moderate partial PCL tear. According to the most recent orthopedic physician's progress report, dated 11/07/2013, the patient notes relief in his left knee for 7 days following cortisone injection. He continues to experience anterior and medial knee pain and feeling of instability. He notes numbness on the lateral side of the knee. He continues home exercises, ice, Motrin and Mobic. He finds the brace helpful. He notes increased pain sitting at his small desk on modified duty. Physical examination reveals the patient is 6'4", 318 lbs., BMI 38. He is healthy looking, in no acute distress. He has various alignments in the lower extremity, walks with a limp. The left knee has a small effusion, 5-/5 quadriceps strength, and 0-110 degrees ROM. There is patellofemoral tenderness, medial joint line tenderness, no lateral joint line tenderness, knee is stable to stress, and calf is soft and non-tender. Diagnoses are severe left knee OA and patellofemoral pain syndrome, biceps femoris injury, and obesity. Treatment plan is knee replacement surgery. Encouraged to continue home exercises and Mobic He declined

cortisone shot. Work status is occasional walking and standing, no climbing, squatting or kneeling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Total Knee 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 & Leg, and Indications for Surgery

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

Decision rationale: ODG Indications for Surgery -- Knee Arthroplasty: Criteria for knee joint replacement (If only 1 compartment is affected, a unicompartmental or partial replacement may be considered. If 2 of the 3 compartments are affected, a total joint replacement is indicated.) : 1. Conservative Care: Exercise therapy (supervised PT and/or home rehab exercises). In addition, Medications. (Unless contraindicated NSAIDs OR Visco supplementation injections OR Steroid injection). in addition, 2. Subjective Clinical Findings: Limited range of motion (<90 for TKR). in addition, Nighttime joint pain. In addition, No pain relief with conservative care (as above) AND Documentation of current functional limitations demonstrating necessity of intervention. IN addition, 3. Objective Clinical Findings: Over 50 years of age and Body Mass Index of less than 35, where increased BMI poses elevated risks for post-op complications. in addition, 4. Imaging Clinical Findings: Osteoarthritis on: Standing x-ray (documenting significant loss of chondral clear space in at least one of the three compartments, with varus or valgus deformity an indication with additional strength). Alternatively, Previous arthroscopy (documenting advanced chondral erosion or exposed bone, especially if bipolar chondral defects are noted). The patient's BMI is above 35, per the guidelines, increased BMI poses elevated risks for post-op complications. The patient's obesity precludes him from surgical intervention. Physical examination documents the patient has 0-110 degrees ROM of the left knee and there is no report of nighttime joint pain. The patient has improved with conservative care and observation. The medical records do not support that the patient has significant persistent clinical findings and functional limitations. In addition, exhaustion of recent conservative measures including PT/exercise, activity modifications, NSAID, passive modalities, cortisone injection, and viscosupplementation has not been established by the medical records. The medical records do not establish the patient is a candidate for left knee total knee Arthroplasty, the request is not clinically indicated at this time and not considered medically necessary.

Associated Surgical Service: 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 Mtus Official Disability Guidelines (ODG), Knee & Leg, and 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) Knee, Hospital Length of Stay (LOS)

Decision rationale: Associated Surgical Service: The requested surgery has not been recommended as medically necessary. Therefore, inpatient stay is not medically necessary.

Associated Surgical Service: Assistant Surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Surgical Assistant

Decision rationale: Associated Surgical Service: In absence of surgery, consideration for an assistant surgeon is not medically indicated.