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| Case Number: | CM13-0068598 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 09/12/2009 |
| Decision Date: | 06/05/2014 | UR Denial Date: | 12/13/2013 |
| 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 Orthopedic Surgery and is licensed to practice in Arizona. 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 47 year old male who sustained an injury to his left knee on 9/12/2009 when he fell and twisted the left knee. MRI done on 10/16/2009 showed a tear on medial meniscus with a normal joint. The patient underwent arthroscopic surgery with a partial medial meniscectomy and chondroplasty of the patella. Due to continuing complaints of joint pain and instability, the patient underwent a second MRI scan of the left knee which revealed a tiny radial tear of the medial meniscus, mild progressive chondrosis of the medial femoral condyle and a small Baker cyst. The patient underwent a second arthroscopic surgery of the knee on 11/2/2010. Postoperatively, the patient continued to complain of pain in the knee despite extensive physical therapy. The patient had a third MRI scan of the knee on 5/25/2012 which noted a subchondral fracture line in over the anterior portion of the lateral tibial plateau which was thought to be due to a subchondral stress or insufficiency fracture. In the medial compartment there was mild chondral thinning involving the posterior weight bearing surface of the medial femoral condyle which was similar to the prior study of 6/23/10. The patient continued to complain of left knee pain despite physical therapy, cortisone injections, viscus supplement injections and oral medication. An examination was done on 3/5/2014. The patient is complaining of knee pain associated with difficulty walking, locking, stiffness, and weakness. His visual analog scale averages 5/10. Range of motion of his left knee is -5° to 125° with tenderness over the medial lateral joint line. Due to continuing symptoms, despite conservative therapy and 2 arthroscopic procedures, a request is made for a custom total knee arthroplasty even though the degenerative changes are considered mild.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLD THERAPY UNIT RENTAL FOR 21 DAYS: 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.

12 PHYSICAL THERAPY VISITS (2 TIMES PER WEEK FOR 6 WEEKS) FOR THE LEFT KNEE: 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.

2 DAY HOSPITAL LENGTH STAY: 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.

LEFT 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, Indications for Surgery, Knee Arthroplasty.

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

Decision rationale: The California MTUS guidelines do not address total knee replacements. The ODG states that custom fit total knee replacements appear to be a safe procedure for uncomplicated cases of osteoarthritis, but the benefits have not been proven. They require an

MRI scan approximately 6 weeks prior to the procedure and measurements for the custom prosthesis are taken from the MRI scan. According to ODG, the criterion for total knee replacement is a failure of conservative care plus limited range of motion less than 90° of flexion for a total knee arthroplasty; the patient flexes his knee to 125°, nighttime joint pain- this is not documented in the medical record, over 50 years of age and a body mass index of less than 35; the patient is 47 years old and there is no record of his body mass index or evidence of osteoarthritis and a standing anteroposterior (AP) x-ray, MRI or previous arthroscopy. The standing AP x-ray only shows mild narrowing of the medial compartment, previous arthroscopies only found focal chondromalacia of medial femoral condyle. Previous MRI scans only found focal areas of chondromalacia of the patella and medial compartment. Therefore, because of the above reasons, the medical necessity for total knee arthroplasty in this patient has not been established.

MRI OF THE LEFT KNEE: 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.