

Case Number:	CM13-0071770		
Date Assigned:	01/08/2014	Date of Injury:	10/08/2007
Decision Date:	10/08/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/30/2013

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 53-year-old female with a reported distal injury of October 8, 2007. The claimant has sustained multiple injuries after tripping over a box and falling to the floor. Exam note from 11/18/2013 demonstrates the claimant reports 9 out of 10 left knee pain. It is reported that medication helps to a certain degree and that the TENS unit no longer functions. Physical examination discloses tenderness to the left knee laterally as well as medially. There is range of motion with the knee lacking 20 degrees of extension and 80 degrees of flexion with pain. Diagnostic impression includes end-stage osteoarthropathy left knee. Conservative care reportedly has included activity modification, medical dictation and left knee arthroscopy on June 23, 2008. The claimant has undergone a repeat arthroscopy on January 16, 2012. The claimant has also been administered viscous supplementation (3) for the left knee. Review of the records discloses no body mass index calculation and no recent standing radiographic images demonstrating end stage osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total left knee arthroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116. Decision based on Non-MTUS Citation Official Disability Guidelines: Indications for surgery - Knee arthroplasty (Knee Chapter)

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 Arthroplasty

Decision rationale: The California MTUS/ACOEM is silent on the issue of total knee replacement. According to the Official Disability Guidelines regarding Knee arthroplasty, criteria for knee joint replacement which includes conservative care with subjective findings including limited range of motion less than 90 degrees. In addition the patient should have a BMI of less than 35 and be older than 50 years of age. There must also be findings on standing radiographs of significant loss of chondral clear space. The clinical information submitted demonstrates insufficient evidence to support a knee arthroplasty in this patient. There is no documentation from the exam notes from 11/18/13 of increased pain with initiation of activity or weight bearing. There are no records in the chart documenting when physical therapy began or how many visits were attempted. There is no formal weight bearing radiographic report of degree of osteoarthritis or body mass index calculation. Therefore the guideline criteria have not been met and this request is not medically necessary.

TENS unit - 60 day trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-114.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guideline regarding TENS, pages 113-114, chronic pain (transcutaneous electrical nerve stimulation), "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use). The submitted records from 11/18/13 demonstrates insufficient evidence of chronic neuropathic pain to warrant a TENS unit. Therefore, this request is not medically necessary.