

Case Number:	CM14-0002070		
Date Assigned:	01/24/2014	Date of Injury:	03/03/2000
Decision Date:	10/14/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/07/2014

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 record notes a 55-year-old male with a date of injury of March 3, 2000. The mechanism of injury reported was a fall when a ladder gave way. The record indicates that the claimant was treated with arthroscopic surgery of the right knee with postoperative rehabilitation. A 2nd arthroscopy was required, also with postoperative physical therapy. Additionally, the claimant was treated with viscosupplementation postoperatively. A QME evaluation dated December 16, 2011 notes the claimant to be a 6'3" tall individual weighing 190. An MRI of the right knee was provided on January 6, 2012 showing a complete tear of the ACL, partial tear of the PCL, and pan-compartmental osteoarthritis with joint space narrowing. In November 2013, the record notes a progressive deformity with pain about the right knee, and failed conservative management with therapy, medication, Visco supplementation, and the prior surgical intervention. A right total knee arthroplasty was recommended due to progressive mechanical problems and deformity. At the time of this encounter, the claimant had a 10 extension, lag, flexion to 100 and a significant varus deformity. A diagnosis of chronic in stage varus osteoarthropathy of the right knee is noted. Radiographs, 3 views of the right knee, obtained on July 11, 2013 are provided for review demonstrating severe medial compartment with joint space narrowing, and marginal osteophytes with eburnation and subchondral sclerosis of the medial compartment. Patellar spurring and patellofemoral disease is also noted. Chondral calcinosis is present in the lateral compartment.

IMR ISSUES, DECISIONS AND RATIONALES

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

A TOTAL RIGHT KNEE ARTHROPLASTY: 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) Knee and Leg (Acute and Chronic)

Decision rationale: ACOEM guidelines support knee arthroplasty for severe arthritic conditions when severe degenerative joint disease is present that is unresponsive to nonoperative treatment, sufficient symptomatology and functional limitations such as impairments of ADLs are noted, and failure to successfully manage the symptoms after a prolonged period of conservative management including NSAIDs, exercise, physical medicine modalities, and where appropriate, weight reduction, Visco supplementation, and corticosteroids are included. The record indicates that the claimant has failed to respond to the appropriate conservative measures, the BMI is approximately 23.75, and the claimant is over the age of 55. Radiographic studies, evidence tricompartamental osteoarthritis. Based on the clinical data available, this request meets the guideline criteria for the proposed surgical intervention. Therefore, the prescribed treatment is deemed medically necessary.

Pre-op H & P, labs and EKG: 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 Other Medical Treatment Guideline or Medical Evidence: Preoperative Evaluation Am Fam Physician. 2000 Jul 15;62(2):387-396

Decision rationale: Since the primary procedure is medically necessary, all of the associated services are medically necessary.

Post-op home physical therapy 2-3 x 2: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Since the primary procedure is medically necessary, all of the associated services are medically necessary.

Outside physical therapy 3 x4 (12) for the right knee: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Since the primary procedure is medically necessary, all of the associated services are medically necessary.

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 updated August 2014

Decision rationale: Since the primary procedure is medically necessary, all of the associated services are medically necessary.