MAXIMUS Federal Services

Case Number:	CM14-0003223		
Date Assigned:	06/11/2014	Date of Injury:	03/19/2012
Decision Date:	07/28/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/08/2014

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 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:

This 57-year-old female water aerobics instructor sustained an industrial injury on 3/19/12, relative to a twisting injury. She underwent right knee arthroscopy for partial lateral meniscectomy, chondroplasty, and loose body removal on 8/24/12. The 7/15/13 bilateral knee weight bearing x-rays (AP standing and merchant views) documented right knee lateral space narrowing with marginal osteophytes appreciated in all compartments. The impression was mild degenerative changes. The 8/8/13 right knee MRI impression documented grade 4 cartilage loss of the central weight bearing medial femoral condyle, posterior and far posterior lateral femoral condyle, and central to posterior weight bearing lateral tibial plateau. There was grade 4 chondromalacia patella and grade 2 loss of the trochlea. The 10/23/13 right knee 4-view x-rays demonstrated mild medial compartment degeneration on the right. The 11/8/13 initial orthopedic report cited grade 5-8/10 knee pain with episodes of knee locking. Multiple falls were reported and attributed to the right knee. She used a cane and was able to walk 20 minutes. Right knee exam documented range of motion 0-135 degrees, diffuse tenderness, no instability, and 5/5 strength. The orthopedic surgeon reviewed the imaging and noted grade 4 changes. The medial and lateral joint spaces were maintained with very minimal spurring of the right medial knee. There was no significant arthrosis. The treatment plan recommended gait training and follow-up weight bearing films in one year's time. The 12/3/13 orthopedic second consult report indicated the patient was confined to a walker. There was right knee pain worse with sitting, standing or walking. The knee buckles and locks a lot, she has fallen multiple times. A right knee exam documented normal body mass index, range of motion 0-120 degrees, crepitus with motion, pains at extremes of motion, no instability, and 5/5 strength. X-rays showed lateral compartment bone-one-bone osteoarthritis and patellofemoral arthritis. The patient was refractory to conservative treatment including anti-inflammatories, physical therapy, cortisone injections,

aspirations, Synvisc injections, and knee arthroscopy. She was confined to walker use and was at fall risk. Total knee replacement was recommended. The 12/19/13 utilization review denied the request for total knee arthroplasty and associated items based on markedly differing interpretations of imaging studies and pending a third surgical opinion on the medical necessity of total knee arthroplasty. The 12/18/13 appeal letter stated that posteroanterior Rosenberg views of the right knee performed 12/3/13 demonstrated bone-on-bone arthritis of the lateral compartment.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOTAL KNEE ARTHROPLASTY (TKA) TO THE RIGHT KNEE: Upheld

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, Knee joint replacement.

Decision rationale: The California MTUS does not provide recommendations for total knee arthroplasty. The Official Disability Guidelines recommend total knee replacement when surgical indications are met. Specific criteria for knee joint replacement include exercise and medications or injections, limited range of motion (< 90 degrees), night-time joint pain, no pain relief with conservative care, documentation of functional limitations, age greater than 50 years, a body mass index (BMI) less than 35, and imaging findings of osteoarthritis. Guideline criteria have not been met. Current range of motion of 0-120 degrees exceeds guideline criteria. There is no clear documentation of night time pain. Differing interpretations of weight bearing x-rays have been documented. X-rays obtained on 7/15/13 and 10/23/13 reportedly showed mild degenerative changes. X-rays during the 12/3/13 exam reportedly showed bone-on-bone osteoarthritis. The 8/8/13 MRI findings documented grade 4 chondromalacia. Given the discrepancy in radiographic interpretations, indications for surgery are not met at this time. Therefore, this request for total knee arthroplasty (TKA) to the right knee is not medically necessary.

INPATIENT HOSPITAL STAY TIMES THREE (3) 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.

ASSISTANT SURGEON: 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.

INPATIENT REHAB TIMES ONE (1) WEEK: 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.

IN HOME PHYSICAL THERAPY AND HOME HEALTH ASSISTANCE THREE TIMES A WEEK TIMES TWO (2) WEEKS: 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.

OUTPATIENT PHYSICAL THERAPY TIMES TWELVE (12): 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.

POLAR CARE PURCHASE: 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.

CONTINUOUS PASSIVE MOTION (CPM) TIMES TWENTY-ONE (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.

PRE-OP MEDICAL/CARDIAC CLEARANCE: 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.