

Case Number:	CM14-0005796		
Date Assigned:	02/05/2014	Date of Injury:	01/05/2010
Decision Date:	06/30/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/15/2014

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 patient is a 68 year-old female who has filed a claim for severe left knee osteoarthritis associated with an industrial injury date of January 05, 2010. Review of progress notes reports absence of left knee pain for several weeks after a steroid injection. Patient also experiences diffuse nonspecific pain of the cervical and lumbar spine, occasionally radiating down the left lower extremity. Findings include mild left knee tenderness with improved range of motion. There are mildly positive tension signs on the left. Patient has a moderately antalgic gait. X-ray of the left knee dated November 13, 2013 showed severe osteoarthritis. Treatment to date has included NSAIDs, opioids, muscle relaxants, gabapentin, physical therapy to the back, lumbar epidural steroid injections, left knee steroid injection, and arthroscopic surgeries to the left knee in 2008 and 2011. Utilization review from January 03, 2014 denied the request for left total knee replacement, post-operative physical therapy 2x4, and 3-day inpatient stay as there was insufficient clinical information provided to support the medical necessity of total knee replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT TOTAL KNEE REPLACEMENT: 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 chapter, Knee joint replacement.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, indications for knee joint replacement includes conservative care - exercise therapy and medications (NSAID, viscosupplementation injections, or steroid injections); subjective findings - range of motion < 90 degrees, nighttime joint pain, no relief with conservative care, and documentation of current functional limitations; objective findings - over 50 years of age, BMI < 35; and imaging findings - osteoarthritis on standing x-ray, or previous arthroscopy. Revision is used for failed knee arthroplasties. In this case, the patient had two left knee arthroscopies in 2008 and 2011. Patient was given a steroid injection to the left knee in November 2013, which resulted in absence of pain for several weeks, and thus can be managed with conservative care at this point. Therefore, the request for a left total knee replacement was not medically necessary.

EIGHT (8) POSTOPERATIVE PHYSICAL THERAPY SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POSTSURGICAL TREATMENT GUIDELINES, , 2-3

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The dependent request of left total knee replacement has been deemed not medically necessary; therefore, all the associated services, such as the request for eight post-operative physical therapy sessions, is likewise not medically necessary.

3-DAY INPATIENT 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: The dependent request of left total knee replacement has been deemed not medically necessary; therefore, all the associated services, such as the request for 3-day inpatient stay, is likewise not medically necessary.