

Case Number:	CM14-0106743		
Date Assigned:	07/30/2014	Date of Injury:	07/30/1999
Decision Date:	08/29/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/10/2014

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:

This 53-year-old female retired security guard sustained an industrial injury on 7/30/99. Injury occurred when she tripped and fell, twisting her left knee. Past surgical history was positive for carotid artery surgery, left shoulder repair, aneurysm surgery, and left knee arthroscopy, dates unknown. The 3/27/14 bilateral knee x-rays revealed degenerative change with joint space narrowing and small osteophyte change. The degree of degenerative change in both knees was greatest medially and in the left knee involved both the medial and patellofemoral joint. The 6/13/14 orthopedic report cited constant grade 8-9/10 left knee pain. Pain was worse with weight bearing and associated with poor walking tolerance. Pain was alleviated by rest. The patient had undergone multiple injections with minimal improvement. The patient did not exercise. Left knee physical exam documented medial and lateral joint line tenderness, 5/5 lower extremity strength, and globally decreased left foot sensation. Left knee range of motion was documented as 170 degrees extension and 106 degrees flexion. Anterior drawer, varus/valgus stress, and positive drawer tests were negative. Lachman's and McMurray's tests were negative. Provocative patellofemoral compression was negative. Body mass index was documented as 52.9. The patient was ready to move forward with a total knee replacement since she had become inactive due to pain. The 6/30/14 utilization review denied the left total knee arthroplasty and associated requests as there was no current documentation of functional limitation and body mass index exceeded guideline criteria. Records indicated that conservative treatment has included Synvisc injections, cortisone injections, anti-inflammatory medications, and opioid pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Home Physical Therapy Visits: 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 med necessary, none of the associated services are medically necessary.

12 Visits of Outpatient Physical Therapy: 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 med necessary, none of the associated services are medically necessary.

3 Days of Inpatient Hospital 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 med necessary, none of the associated services are medically necessary.

Total 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 (ODG) Indications of 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 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. There is no detailed documentation that recent comprehensive guideline-recommended conservative treatment, including exercise, had been tried and failed. This patient has a body mass index of 52.9 which markedly exceeds guideline criteria with no evidence of attempted weight reduction or discussion of associated risk factors. Therefore, this request for left total knee arthroplasty is not medically necessary and appropriate.