

Case Number:	CM14-0012125		
Date Assigned:	06/13/2014	Date of Injury:	11/19/2007
Decision Date:	08/11/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/30/2014

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 claimant is a 48 year old male who sustained a vocational injury to his right great toe on 11/19/07 while working as a warehouseman. The records provided for review document that the claimant has undergone right and left knee arthroscopies in July and September of 2010; however, the intra-operative findings for the specific procedures were not available for review. The report from the office visit on 11/6/13 noted bilateral knee pain and that previous injections in both knees only provided relief. Physical examination did not document any abnormal objective findings. The claimant's BMI was 32.48. The prior office visit on 10/16/13 documented examination findings of appreciable swelling over the lateral knees with no gross atrophy of the musculature and tenderness throughout the tibial plateau of the bilateral knees as well as the medial and lateral joint line. He had crepitation bilaterally and patellofemoral compression caused discomfort. Range of motion was 0 - 140 degrees on the right, compared to 0 - 145 degrees on the left. There was a positive McMurray's, but nonspecific pain upon meniscal testing; the meniscus testing was unremarkable. There was mild valgus and varus instability that caused pain. The claimant's working diagnosis is osteoarthritis in the medial compartment, full thickness condylar fissure of the left knee, bilateral knee degenerative joint disease, and status post bilateral knee arthroscopy. Conservative treatment to date has included anti-inflammatories and bilateral knee injections. The report of x-rays of the knees performed on 5/3/13 noted minimal to moderate osteoarthritis. The report of a CT arthrogram dated 7/3/13 showed post operative changes consistent with the history of arthroscopic partial and medial meniscectomy with no recurrent meniscal tear seen and mild generalized osteoarthritis in the medial compartment as well as a 6 centimeter full thickness condylar fissure involving the medial one-third of the medial femoral condyle. The articular cartilage and patella femoral lateral compartments were relatively well maintained.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT TOTAL KNEE ARTHROSCOPY (LTKA): 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.

Decision rationale: The California ACOEM and MTUS guidelines do not address this request. The Official Disability Guidelines recommend that when considering a total knee replacement, there should be at least two of the three, if not all three compartments affected by end stage arthritis. The medical records provided for review do not indicate that this is the situation for this claimant. Documentation also suggests the claimant should undergo exercise therapy and consider viscosupplementation prior to considering surgical intervention. Typically, total knee arthroplasty is not recommended until at least the age of fifty years old. There should be accompanying limited range in motion defined as less than ninety degrees and nighttime joint pain, and documentation of current functional limitations demonstrating necessity of the intervention. In light of the fact that the claimant is only forty-eight years old and does not have significant arthritic change in at least two of the compartments, and does not appear to have exhausted conservative treatment. Along with the fact that the claimant lacks significant abnormal physical exam, the request for left total knee arthroplasty cannot be considered medically necessary.

PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR SIX (6) 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.

PRE-OP LABS: CBC, CMP,: 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.

POST-OP VISIT: 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 HOSPITAL ADMISSION: 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.

Chest X-ray: 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.

EKG: 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.