

Case Number:	CM14-0013589		
Date Assigned:	02/26/2014	Date of Injury:	03/11/2012
Decision Date:	08/28/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/03/2014

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 Surgeon, has a subspecialty in Pediatric Orthopedics and is licensed to practice in Texas and Colorado. 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 injured worker is a 51-year-old female who reported injury on 03/11/2012. The mechanism of injury was not provided. The injured worker underwent a right knee arthroscopy with partial meniscectomy and chondroplasty on 07/21/2012. The documentation indicated the injured worker was found to have a grade 4 chondromalacia of the lateral compartment of the knee. The injured worker underwent postoperative therapy, anti-inflammatories, injections, and a lateral unloading brace. The documentation further indicated the injured worker had been authorized for a knee replacement on 03/05/2013. The mechanism of injury was the injured worker bumped into a coworker and twisted her right knee. The injured worker underwent an arthrogram of the right knee on 12/03/2013 which revealed evidence of a lateral joint prosthesis in satisfactory position. There was no medial meniscus tear. The injured worker had mild to moderate hypertrophic changes in the distal femur. The cruciate ligament could not be well assessed due to prosthesis that was in place. The injured worker underwent a CT scan of the right knee on 12/03/2013 which revealed narrowing of the patellofemoral joint and mild to moderate hypertrophic changes of the right knee. The injured worker underwent an MRI of the right knee on 12/03/2013 which revealed hypertrophic changes at the patellofemoral joint space. There was grade 2 signal in the medial meniscus and the lateral knee joint prosthesis was in satisfactory position. The injured worker had previously undergone a right knee unicompartmental replacement with persistent pain. The documentation of 12/17/2013 revealed the injured worker had complaints of intermittent pain on the right knee that was made worse by activities of daily living, and was relieved by physical therapy, rest, and medications. The physical examination of the right knee revealed crepitus, effusion, and a scar. There was tenderness over the right medial and lateral joint line and tenderness over the right medial and lateral patella. There was patellofemoral crepitus and femoral grind on the right. There was active extension of the knees.

There was grade 4 muscle weakness in the right quads and hamstrings. The injured worker had decreased range of motion in extension and flexion. The range of motion in extension was 170 degrees and in flexion was 120 degrees. The documentation revealed the physician had reviewed the MRI and CT scan as well as right knee post arthrogram. The diagnosis included status post right knee lateral compartment replacement with persistent pain and stiffness. The treatment plan included the injured worker had tried Synvisc injections with no benefit. The physician opined that the injured worker was a candidate for conversion surgery from a unicompartmental replacement to a total knee replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT 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 & Leg Chapter, Knee joint replacement.

Decision rationale: The Official Disability Guidelines indicate that the criteria for a knee joint replacement include documentation of conservative care including exercise therapy and medications plus limited range of motion of less than 90 degrees for a total knee replacement and nighttime joint pain and no pain relief with conservative care and documentation of current functional limitations demonstrating a necessity for interventions plus the injured worker must be over 50 years of age and have a body mass index of less than 35 and the injured worker must have a previous arthroscopy documenting advanced chondral erosion. There was documentation of current functional limitations. There were objective findings of chondral erosion upon a prior surgery. The clinical documentation submitted for review indicated the injured worker had Viscosupplementation that had failed. However, the injured worker indicated the pain was relieved with physical therapy and medications. There was a lack of documentation of limited range of motion less than 90 degrees and nighttime joint pain. There was no documentation indicating the injured worker's body mass index. Given the above and the lack of documentation, the request for right total knee replacement is not medically necessary.

COLD THERAPY 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 cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.