

Case Number:	CM14-0112583		
Date Assigned:	08/01/2014	Date of Injury:	10/14/2010
Decision Date:	09/09/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/18/2014

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 is a 35-year-old female who sustained an industrial injury on 10/14/10, which the mechanism of injury was not documented. The patient underwent left knee chondroplasty of the lateral femoral condyle, excision of multiple loose bodies and arthroplasty of the medial femoral condyle on 4/26/13. She subsequently underwent left total knee arthroplasty on 5/21/14. In the post-operative period, she experienced a reaction to Benzoin with wound weeping and on the report dated 6/10/14 the treating physician report indicated the wound reaction had been resolved. The patient had pain in the back of the knee with concern noted for deep vein thrombosis (DVT) but that was ruled out and was found to have a deep fluid collection (hematoma) in the left popliteal fossa along the proximal tibia. She underwent an Ultrasound evaluation on 6/30/14 which revealed no fluid collection. There was some rubor and warmth circumferentially around the joint. There was no streaking. A left knee joint aspiration was performed to assess for infection. On 7/3/14 the orthopedic report cited very severe left knee pain for the last four weeks and the physical exam documented tenderness and pain over the peroneal nerve laterally, no significant post-operative swelling, no drainage and limited range of motion secondary to pain. A cortisone injection was provided, the patient was fitted with a hinged knee brace and was to use crutches for a week or so until the symptoms calmed down. The 7/8/14 treating physician report indicated that the aspiration was negative for infection and a cortisone injection in the area of the peroneal nerve did not seem to help and the patient had been put on Lyrica. The treating physician opined that the patient had peroneal neuritis and recommended exploration of that area and decompression of the nerve. The 7/17/14 utilization review denied the request for peroneal nerve decompression as there was no documentation of pain in a pattern consistent with peroneal nerve distribution, no objective findings other than lateral left knee tenderness, and no electrodiagnostic study demonstrating evidence of peroneal nerve

compression. The 7/22/14 Electromyography(EMG) and nerve conduction study report documented no electrodiagnostic evidence of lumbosacral radiculopathy, peripheral polyneuropathy, or focal peripheral neuropathy of the left lower limb. The 7/25/14 treating physician report noted that the EMG and nerve conduction study were negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERONEAL NERVE DECOMPRESSION LEFT KNEE PA ASSISTANT SURGEON:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

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, Nerve excision (following TKA) Other Medical Treatment Guideline or Medical Evidence: Wheeless' Textbook of Orthopaedics, www.wheelsonline.com, Peroneal Nerve Palsy in Total Knee Replacement.

Decision rationale: The California MTUS guidelines do not provide recommendations for nerve decompression following total knee arthroplasty. The Guidelines indicate that the nerve excision following total knee arthroplasty may be considered for patient with pain of one year duration, failure of conservative management, pain localization at a Tinel's point, and at least a 5-point VAS reduction of pain after nerve blockade with 1% lidocaine. Current orthopedic peer-reviewed literature regarding peroneal nerve dysfunction after total knee arthroplasty indicate that EMG and nerve conduction study findings are useful to objectively document the conduction block. Surgery is recommended if complete neurologic deficit is present for more than 3 months. Guideline criteria have not been met. There is no detailed documentation that comprehensive guideline-recommended conservative treatment had been tried and failed. There is no EMG evidence of peroneal nerve compression or neurologic deficit documented. Therefore, this request for peroneal nerve decompression left knee is not medically necessary.

PA ASSISTANT SURGEON: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Centers for Medicare and Medicaid services, Physician Fee Schedule.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

