

Case Number:	CM14-0113094		
Date Assigned:	08/01/2014	Date of Injury:	12/24/1993
Decision Date:	10/03/2014	UR Denial Date:	06/16/2014
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 Orthopedic Surgeon, and is licensed to practice in Texas. 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 62-year-old female who reported an injury on 12/24/1993 due to an unknown mechanism. Diagnosis was degenerative arthritis of left knee. Past treatments were medications, aqua therapy, physical therapy, acupuncture, chiropractic, and a cortisone injection. Diagnostic studies were an MRI of the left knee on 03/15/2014 that revealed moderate tricompartmental chondromalacia with joint effusion. Cervical history consisted of 4 right knee surgeries, and a left knee meniscal repair. Physical examination on 06/03/2014 revealed complaints of left knee pain. Pain level was reported at a 9.5/10. The injured worker reported she could walk at least a block at best. The injured worker denied previous industrial injury to the left knee. Examination of the left knee revealed knee range of motion was restricted. Right knee for flexion was to 110 degrees, left knee was to 120 degrees. Palpation of the left knee revealed medial and lateral joint line tenderness. McMurray's sign was negative. Cruciate function of the knee was intact, with negative posterior drawer sign and a negative Lachman maneuver. The injured worker was not currently taking any medications. Treatment plan was for left total knee arthroplasty. The rationale was "Using layman's terms, I explained to her that she has arthritis in the left knee. She has had adequate conservative treatment. She had a cortisone injection as recently as 02/27/2014, without any relief. She is a candidate for left total knee arthroplasty." The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total left knee arthroplasty.: 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, Knee Joint Replacement

Decision rationale: The decision for total left knee arthroplasty is not medically necessary. The Official Disability Guidelines state knee joint replacement is recommended as indicated below. Total hip and total knee arthroplasties are well accepted as reliable and suitable surgical procedures to return patients to functional. The most common diagnosis is osteoarthritis. Overall, total knee arthroplasties were found to be quite effective in terms of improvement in health related quality of life dimensions, with the occasional exception of the social dimension. Age was not found to be an obstacle to effective surgery, and men seemed to benefit more from the intervention than women did. Total knee arthroplasty was found to be associated with substantial functional improvement. Navigated knee replacement provides few advantages over conventional surgery on the basis of radiographic endpoints. Functional exercises after hospital discharge for total knee arthroplasty result in a small to moderate short term, but not long term, functional benefit. In the short term, physical therapy interventions with exercises based on functional activities may be more effective after total knee arthroplasty than traditional exercise programs, which concentrate on isometric muscle exercises and exercises to increase range of motion in the joint. The criteria for total knee arthroplasty are (if only one compartment is affected, a unicompartmental or partial replacement may be considered; if 2 or 3 compartments are affected, a total joint replacement is indicated). Conservative care must be met in the form of exercise therapy (supervised physical therapy and/or home rehab exercises) and medications (unless contraindicated, in NSAIDs or viscosupplementation injections or steroid injection). Plus subjective clinical findings of limited range of motion greater than 90% for total knee replacement, and nighttime joint pain must be documented. There should be documented no pain relief with conservative care as above, and documentation of current functional limitations demonstrating necessity of intervention. Plus, there should be objective clinical findings of the patient over 50 years of age and body mass index of less than 35, where increased body mass index poses elevated risk for postop complications. There should be imaging and clinical findings of osteoarthritis on standing x-ray (documenting significant loss of chondral clear space in at least 1 of the 3 compartments, with varus or valgus deformity, and indication with additional strength), or a previous arthroscopy (documenting advanced chondral erosion or exposed bone, especially if bipolar chondral defects are noted). The injured worker has not had viscosupplementation injections. She had 1 steroid injection to the left knee with 2 days of pain relief. Also, there was not a BMI reported for the injured worker. Therefore, request for Total Left Knee Arthroplasty is not medically necessary.

Post-operative cold therapy unit.: 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 decision for postoperative cold therapy unit is not medically necessary. The decision for total left knee arthroplasty is not medically necessary, so the request for Postoperative Cold Therapy Unit would not be medically necessary.

Post-operative physical therapy, two times a week for three 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: The decision for postoperative physical therapy, 2 times a week for 3 weeks, is not medically necessary. The request for a total knee replacement has been deemed not medically necessary, so Postoperative Physical Therapy is not necessary at this time.