MAXIMUS Federal Services

Case Number:	CM14-0115192		
Date Assigned:	08/06/2014	Date of Injury:	02/11/2012
Decision Date:	10/03/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/23/2014

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 Family Practice, and is licensed to practice in Ohio. 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 41-year-old male who had a ladder fall onto his neck causing his left knee to buckle on 2-11-2012. He developed left knee pain, neck pain, and had symptoms of a concussion. He received physical therapy for the neck and knee. An MRI scan of the left knee demonstrated a torn medial meniscus and on 9-6-2012 the injured worker had a partial medial meniscus removal. Postoperatively, he continues to experience pain in the medial joint line causing disruption of sleep and interference with normal activities. Left knee exam has revealed full active range of motion with persistent tenderness and crepitus to the medial joint line and a positive McMurray's test. X-rays of that knee from 10-7-2013 revealed 40-50% loss of cartilage in the medial compartment. A request for a left sided uni-compartmental arthroplasty was submitted on 6-26-2014. That request was denied secondary to insufficient evidence of end-stage uni-compartmental disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI, guided, knee series zimmer - left knee: 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)

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,

Total Knee Replacement, and on the Non-MTUS Unicompartmental knee replacement for patients with partial thickness cartilage loss in the affected compartment. Knee. 2011 Jun; 18(3):168-71. doi: 10.1016/j.knee.2010.05.003. Epub 2010 Jun 2.

Decision rationale: Custom fit total knee (CFTK) replacements are under study, awaiting higher quality trials. New technology using MRI allows the surgeon to place total knee replacement components into each patient's pre-arthritic natural alignment. Custom-fit total knee replacement appears to be a safe procedure for uncomplicated cases of osteoarthritis. The custom fit total knee replacement is achieved in a few steps, before and during surgery. Prior to surgery, an MRI is performed to take very precise measurements of the patient's arthritic knee. Second, proprietary computer software creates a 3-D image of that knee, and then virtually corrects the deformity to return the knee to its pre-arthritic state. Third, a computerized 3-D image of the implant to be used in the patient's surgery is then matched to the anatomically correct virtual knee model. This helps determine the correct implant size and placement, based on the patient's own normal (non-arthritic) knee anatomy. Last, using all of this information, special cutting guides are created for the surgeon to use during the procedure. These patient-specific cutting guides, which are accurate to within a few millimeters, indicate to the surgeon exactly where to make bone cuts so that the knee replacement is customized for the individual patient. It costs more and there is a 6 week delay in scheduling to obtain the guides, but it can save some operating time, and some patients report faster recovery.Unicompartmental knee replacement is effective among patients with knee OA restricted to a single compartment. However, because the results of a unicompartmental knee replacement are unpredictable, recent literature suggests that this procedure should be reserved for instance where there is bone on bone to the affected joint compartment.In this instance, the request for unicompartmental knee replacement has been denied as of the date of this review considering the records available. The literature does not seem to support this procedure for the injured worker's circumstance. Therefore, a preoperative MRI scan of the left knee is medically unnecessary given that the surgery itself has been thought to be medically unnecessary.