

Case Number:	CM14-0123686		
Date Assigned:	08/08/2014	Date of Injury:	12/26/2007
Decision Date:	09/11/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/05/2014

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 62-year-old male supervisor/cook who sustained a vocational injury after a slip and fall on December 26, 2007. The claimant's current working diagnoses are lumbago with right sided L4-S1 radiculopathy, right knee pain, right knee ankylosis, left knee medial compartment arthritis. The claimant was seen in the office on July 11, 2014 at which time it was noted that he previously underwent an infection workup with a separate orthopedic specialist. The claimant had ongoing left knee pain. It was noted that there was a significant change in his condition and he was now not only twisted his knee, but he was tripping constantly. He had a feeling of instability of the left knee which was a substantial material change from how he was six months previously. On exam he had a 1+ effusion with pain, with direct palpation along the medial and lateral joint line. He had range of motion 0 to 106 degrees with positive balance sign test, positive McMurray's. There was no excessive varus, valgus or anterior/posterior instability. The claimant was seen for followup on August 5, 2014 at which time it was noted that the outside orthopedic service which had previously seen him for a second opinion provided him with a workup for an infection opinion did not think he had an infection but had ankylosis. The claimant continued to have ongoing left knee pain. They continued to feel that he was a candidate for an Oxford procedure. The claimant has undergone Euflexxa injections to date along with a left knee arthroscopy, medial meniscectomy on October 31, 2011. The current request is for self-directed aquatic therapy for six months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Self-Directed Aquatic therapy for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The California MTUS have been referenced along with Official Disability Guidelines for supplemental information. Currently, the Official Disability Guidelines (ODG) support nine visits over eight weeks for arthritis for physical medicine treatment and California recommend aquatic therapy as an alternate form of exercise therapy to land based physical therapy. Currently the request of six months of aquatic therapy far exceeds the Official Disability Guidelines of nine visits over eight weeks and subsequently the request is not medically necessary and appropriate Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee and Leg chapter Physical medicine treatment Arthritis (Arthropathy, unspecified) (ICD9 716.9): Medical treatment: 9 visits over 8 weeks.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines have been referenced along with Official Disability Guidelines for supplemental information. Currently, Official Disability Guidelines support nine visits over eight weeks for arthritis for physical medicine treatment and California Chronic Pain Medical Treatment Guidelines recommend aquatic therapy as an alternate form of exercise therapy to land based physical therapy. Currently the request of six months of aquatic therapy far exceeds the Official Disability Guidelines of nine visits over eight weeks and subsequently the request cannot be considered medically necessary.

Uncompartmental left knee replacement with Oxford Procedure: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg- Acute & Chronic (updated 06/05/14) Knee Joint Replacement.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee and Leg chapter.

Decision rationale: In regards to the second request for a unicompartmental left knee replacement with Oxford procedure, California MTUS, ACOEM and Official Disability Guidelines have been referenced. Prior to considering unicompartmental knee replacement, California MTUS, ACOEM and Official Disability Guidelines support that patients should have attempted, failed, exhausted conservative treatment prior to recommending and proceeding with surgical intervention. In addition, prior to proceeding with unicompartment knee replacement, there should be radiographic evidence or diagnostic studies, or intraoperative findings, which confirm, identify or isolate medial compartment endstage arthritis. Currently, there is no documentation to suggest the claimant has attempted, failed, or exhausted conservative treatment or that there is radiographic, diagnostic, or intraoperative evidence of endstage arthritis of the medial compartment. Furthermore, based on the documentation presented for review and in

accordance with California MTUS, ACOEM and Official Disability Guidelines, the request for the unicompartmental left knee replacement with Oxford procedure is not medically necessary.

Hospital stay for 3-days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Hospital length of stay(LOS) Knee Replacement.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Worker's Comp 18th edition, 2013 Updates, chapter kneeODG hospital length of stay (LOS) guidelines:Knee Replacement (81.54 - Total knee replacement)Actual data -- median 3 days; mean 3.4 days ($\hat{A} \pm 0.0$); discharges 615,716; charges (mean) \$44,621Best practice target (no complications) -- 3 days.

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

Post-operative physical therapy for the left knee, quantity 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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