

Case Number:	CM14-0125201		
Date Assigned:	08/11/2014	Date of Injury:	05/10/2010
Decision Date:	09/23/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/07/2014

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 Occupational Medicine 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 was injured on 05/10/10. Postop PT (following unicompartmental arthroplasty) is under review. The claimant was injured when he was unloading mattresses from the back of a trailer truck and got tangled and fell off the back of the truck. He injured his neck, right shoulder, right knee, and right foot. He had a rotator cuff tear and underwent a rotator cuff repair on 03/27/14. X-rays of the right knee dated 12/13/13 revealed grade 3 loss of cartilage of the medial compartment with osteophyte formation and loss of articular surface of the patellofemoral articulation. An MRI reportedly showed evidence of tendinitis of the patella and quadriceps ligaments, tendinitis and inflammation of the medial collateral ligament compatible with hyperextension, obliteration of the posterior horn of the medial meniscus and lateral meniscus with inflammation of the posterior and anterior cruciate ligaments. There was eburnation of the bone from the tibial plateau and distal femur. There was evidence of extensive degenerative osteoarthritis of the right knee and a partial knee arthroplasty was recommended on 06/16/14. A unicompartmental arthroplasty with right knee arthroscopy was recommended along with a postoperative walker. The original reviewer indicated that the records do not include diagnostic imaging and that the body mass index is above the recommended level for knee arthroplasty. The claimant did attend a course of physical therapy over the past few months for his knees, shoulders, and neck. The handwritten notes from the therapist are essentially illegible. He saw [REDACTED] on 06/16/14. Surgery of the right knee was recommended. He was doing home exercises after his shoulder surgery. A right unicompartmental arthroplasty with right knee arthroscopic outpatient and postop PT were ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post -Op Physical Therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines Page(s): 22. Decision based on Non-MTUS Citation (ODG): Knee - arthroplasty; postop PT.

Decision rationale: The history and documentation do not objectively support the request for postop PT as the knee surgery does not appear to be indicated. The MTUS state "Referral for surgical consultation may be indicated for patients who have: -Activity limitation for more than one month; and -Failure of exercise programs to increase range of motion and strength of the musculature around the knee. Regarding postop PT, "Arthritis (Arthropathy, unspecified) (ICD9 716.9): Postsurgical treatment, arthroplasty, knee: 24 visits over 10 weeks. Postsurgical physical medicine treatment period: 4 months." ODG state "ODG Indications for Surgery -- Knee arthroplasty: Criteria for knee joint replacement (If only 1 compartment is affected, a unicompartmental or partial replacement may be considered. If 2 of the 3 compartments are affected, a total joint replacement is indicated.):1. Conservative Care: Exercise therapy (supervised PT and/or home rehab exercises). AND Medications. (unless contraindicated: NSAIDs OR viscosupplementation injections OR Steroid injection). PLUS2. Subjective Clinical Findings: Limited range of motion (<90 for TKR). AND Nighttime joint pain. AND No pain relief with conservative care (as above) AND Documentation of current functional limitations demonstrating necessity of intervention. PLUS3. Objective Clinical Findings: Over 50 years of age AND Body Mass Index of less than 35, where increased BMI poses elevated risks for post-op complications. PLUS4. Imaging Clinical Findings: Osteoarthritis on: Standing x-ray (documenting significant loss of chondral clear space in at least one of the three compartments, with varus or valgus deformity an indication with additional strength). OR Previous arthroscopy (documenting advanced chondral erosion or exposed bone, especially if bipolar chondral defects are noted). (Washington, 2003) (Sheng, 2004) (Saleh, 2002) (Callahan, 1995)"In this case, other than essentially illegible PT notes, there is little information about prior treatment for the knee to support proceeding with the arthroplasty. There is no evidence that the claimant has failed all other reasonable care, including rehab/exercise and treatment such as with medications and corticosteroid and viscosupplementation injections. The BMI is not stated in the file and it is not clear whether that criterion has been met. The medical necessity of postop PT for the knee when arthroplasty has not been shown to be medically necessary has not been clearly demonstrated.