

Case Number:	CM14-0136562		
Date Assigned:	11/05/2014	Date of Injury:	03/14/2014
Decision Date:	12/09/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/25/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 injured worker is a 63 year old female with history of a right knee injury on 03/14/2014. The mechanism of injury is not reported. The diagnosis is a sprain and osteoarthritis of the knee. The range of motion is 0-150 degrees. The radiology report is not submitted. Treatment has included medication, rest, Supartz injections and unknown physical therapy. A unicompartmental knee arthroplasty is requested but the rationale is not submitted. BMI is unknown. No corticosteroid injections are documented. Evidence of a supervised home exercise program is not submitted. It is not known if osteoarthritis affects one compartment or more than one. The disputed issue pertains to the request for a partial knee replacement without supporting documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Partial Right Knee Replacemen: 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), Treatment in Workers Compensation (TWC), Knee & Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Knee, Topic: Knee replacement.

Decision rationale: California MTUS does not address partial (unicompartmental) knee replacement. ODG criteria for a partial knee replacement include evidence of arthritis involving only one compartment, documentation of exercise therapy including supervised physical therapy and/or a home exercise program, and medications, viscosupplementation or corticosteroid injections, plus range of motion less than 90 degrees, night time joint pain and no pain relief with conservative care, and documentation of current functional limitations demonstrating need for intervention plus BMI less than 40, plus imaging studies with evidence of osteoarthritis or evidence of osteoarthritis on a prior arthroscopy. The documentation submitted does not satisfy these criteria. The response to physical therapy or viscosupplementation is not known. The range of motion is normal and functional limitations are not reported. Corticosteroid injections have not been tried. It is not known how many compartments are involved on the imaging studies. The degree of osteoarthritis is also not known. Therefore based guidelines the request for a Partial Knee Replacement is not medically necessary.

Associated surgical service: Pre-Op and Post-Op Physical Therapy for the Right Knee 2 x 6 (12 visits): 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.