

Case Number:	CM14-0157823		
Date Assigned:	10/01/2014	Date of Injury:	01/02/2012
Decision Date:	11/03/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/25/2014

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 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 patient is a 51 year old female who sustained an industrial injury on 1/2/2012. A prior peer review completed on 9/5/2014 noncertified the prospective request for right total knee arthroplasty, surgical assistant, 12 postoperative physical therapy sessions, and 3 days inpatient stay. The patient does not meet the criteria that substantiate medical necessity of right knee arthroplasty. The patient was seen for consultation on 8/28/2014, for evaluation of the right and left knees. She is having increasing pain and now giving way of the knee. She had left TKR on 9/13/2013, right knee arthroscopy with debridement of medial and lateral meniscus and debridement of ACL. She was noted to have advanced degenerative osteophyte detritus involving the patellofemoral joint medial lateral compartment in scope performed on 6/6/2012. Past surgical history: left knee 11/19/2012; left TKR 9/13/2013; right knee 6/6/2012; and tumor ion cervix 2004. . List of current medications are bupriopionHcl, soma, Lasix, gabapentin, Norco, Celebrex, albuterol, Potassium, and Furosemide. Physical examination documents the patient is 67 inches, 235 pounds and BMI of 36.80. On examination, of the right knee, the patient has 5-130 degrees flexion, trace effusion, stable ligaments for varus/valgus stress testing, anterior-posterior drawer shows 1+ anterior drawer, locking, pivot and jerk tests are negative, no swelling or signs of infection, and normal sensation, motor function and circulation to the right lower extremity, as well as no tenderness or DVT of the right leg. Diagnoses are knee osteoarthritis, chondromalacia patella, ACL tear, and joint pain. X-rays of the right knee shows significant narrowing of the medial and lateral joint spaces; Desogen changes of the medial patellofemoral joint; impression is advanced degenerative osteophyte detritus right knee. The patient returned for consultation on 9/8/2014. The previous request for right total knee replacement surgery was denied. She is using Bionicare and an unloader knee brace. Past surgical history: left knee 11/19/2012; left TKR 9/13/2013; right knee 6/6/2012; and tumor ion

cervix 2004. List of current medications are bupropionHcl, soma, Lasix, gabapentin, Norco, Celebrex, albuterol, Potassium, and Furosemide. Physical examination documents the patient is 67 inches, 235 pounds and BMI of 36.80. On examination, the patient has 0-120 degrees flexion patellofemoral crepitation, stable ligaments for varus/valgus stress testing, no instability, no swelling or signs of infection, and normal sensation, motor function and circulation to the right lower extremity, as well as no tenderness or DVT of the right leg. Diagnoses are knee osteoarthritis, chondromalacia patella, and joint pain. Authorization is requested for Orthovisc injections to the right knee. The PTP PR-2 dated 9/10/2014 states the patient is now asking for viscosupplementation injection to the right knee, as TKA was denied. She had epidural in SI joints approximately 3 weeks ago which gave 65% relief in the area. A physical examination was not performed. She continues same work restrictions. Diagnoses are sprain/strain lumbar, tear medial meniscus, thoracic or lumbosacral radiculitis. Work status is modified work on 9/10/2014. Follow-up in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Total Knee Arthroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

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

Decision rationale: 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 Visco supplementation injections OR Steroid injection). PLUS 2. 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. PLUS 3. 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. PLUS 4. 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). The patient's BMI is above 35, per the guidelines, increased BMI poses elevated risks for post-op complications, and so is not supported by the evidence based guidelines. Physical examination documents the patient has 0-120 degrees ROM of the right knee and there is no report of nighttime joint pain. The medical records do not support that the patient has significant persistent clinical finding and functional limitations. In addition, exhaustion of recent conservative measures including PT/exercise, activity modifications, NSAID, passive modalities, cortisone injection and viscosupplementation

has not been established by the medical records. The medical records do not establish the patient is a candidate for Right Knee Total Knee Arthroplasty. Request for Right Knee Total Knee Arthroplasty is not clinically indicated and not medically necessary.

Surgical Assistant: 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), Low Back: Surgical Assistant

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Surgical Assistant.

Decision rationale: The medical records do not establish the patient is a candidate for right knee total knee arthroplasty, the request is not clinically indicated and not medically necessary. Consequently, in absence of surgical intervention, a Surgical Assistant is not warranted. The request for Surgical Assistant is not medically necessary.

Postoperative Physical Therapy Sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 11-27.

Decision rationale: The medical records do not establish the patient is a candidate for right knee total knee arthroplasty, the request is not clinically indicated and not medically necessary. Consequently, in absence of surgical intervention, Postoperative PT is not indicated. The request for Postoperative Physical Therapy is not medically necessary.

3 Day Inpatient Stay: 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), Knee and Leg chapter: Hospital Length of Stay

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hospital length of stay (LOS)

Decision rationale: The medical records do not establish the patient is a candidate for right knee total knee arthroplasty, the request is not clinically indicated and not medically necessary. Consequently, in absence of surgical intervention, 3 day inpatient stay is not indicated or medically necessary.

