

Case Number:	CM14-0170583		
Date Assigned:	10/20/2014	Date of Injury:	08/29/1994
Decision Date:	11/20/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/15/2014

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 Texas. 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 70 year old male with a date of injury on 8/29/1994. The mechanism of injury was not documented. His surgical history was positive for right total knee replacement and left knee arthroscopy medial meniscectomy. Records documented recent conservative treatment limited to anti-inflammatory medication. The 8/13/14 treating physician report indicated that the left knee was becoming worse and the injured worker wanted to proceed with surgical treatment. The physical exam documented patellofemoral crepitus, medial joint line tenderness, and pain with hyperflexion. The diagnosis included left knee severe medial compartment osteoarthritis and moderate patellofemoral osteoarthritis. The treatment plan recommended work-up with magnetic resonance imaging of the knee and a computed tomography MAKO protocol of the left knee. He may be a candidate for partial versus total knee replacement. The 9/9/14 left knee magnetic resonance imaging impression documented advanced medial compartment osteoarthropathy, chronic tearing, and subluxation of the medial meniscus in association. There was a small tear of the superior leaflet of the anterior horn lateral meniscus. There was moderate patellofemoral chondromalacia. The 9/10/14 treating physician report cited left knee discomfort. The physical exam revealed medial joint line tenderness, pain with hyperflexion, and positive McMurray's. The magnetic resonance imaging findings documented severe left knee osteoarthritis, moderate patellofemoral osteoarthritis. Authorization was requested for left total knee replacement. The 9/23/14 utilization review denied the left total knee arthroplasty as there was no evidence of an appropriate course of conservative treatment. The 10/1/14 treating physician report cited significant left knee pain and discomfort. The physical exam revealed pain with hyperflexion, positive McMurray's, and medial joint line tenderness. He had prior arthroscopic surgery for a degenerative meniscal tear and did well for many years. The treating

physician reported the injured worker had bone-on-bone arthritis and required a resurfacing operation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Left TKR (Total Knee Replacement), quantity requested: 1.00:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Indications for Surgery, Knee Arthroplasty

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

Decision rationale: The Official Disability Guidelines recommend total knee replacement when surgical indications are met. The specific criteria for knee joint replacement include exercise and medications or injections, limited range of motion (< 90 degrees), night-time joint pain, no pain relief with conservative care, documentation of functional limitations, age greater than 50 years, a body mass index less than 35, and imaging findings of osteoarthritis. In this case, the guideline criteria have not been met. The current subjective and clinical exam documentation does not meet guideline criteria. There is no documentation of limited range of motion, night-time joint pain, specific functional limitation, or a body mass index less than 35. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.

Associated surgical service: Preoperative medical clearance, quantity requested: 1.00:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines Chapter 7 Independent Medical Evaluations and Consultations, Page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012 Mar; 116(3):522-38

Decision rationale: As the surgical request is not supported, this request for preoperative medical clearance is not medically necessary.

Associated surgical service: Preoperative cardiology clearance, quantity requested: 1.00:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines Chapter 7 Independent Medical Evaluations and Consultations, Page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012 Mar; 116(3):522-38

Decision rationale: As the surgical request is not supported, this request for preoperative cardiology clearance is not medically necessary.

Associated surgical service: Post-operative physical therapy (visits), quantity requested: 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Physical Medicine Guidelines

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The Post-Surgical Treatment Guidelines for arthroplasty allow for 24 visits over 10 weeks. However, as the surgical request is not supported, this request for 8 post-operative physical therapy visits is not medically necessary.