

Case Number:	CM14-0171178		
Date Assigned:	10/23/2014	Date of Injury:	08/19/2013
Decision Date:	11/21/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/16/2014

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:

This 62-year-old male farm laborer sustained an industrial injury on 8/19/13. Injury occurred when he fell pushing a wheelbarrow. Past medical history was positive for obesity, diabetes, and hypertension. The 10/26/13 right knee MRI impression documented extensive medial and lateral meniscus tears, prior high-grade anterior cruciate ligament sprain, and severe secondary osteoarthritis medial and patellofemoral joint. He underwent right knee arthroscopy with partial medial and lateral meniscectomies, chondroplasty, and partial synovectomy including excision of plica on 11/8/13. Post-operative physical therapy was initiated on 12/3/13 with 5 visits completed as of 12/16/13 with continued significant anterior joint line pain but full range of motion and increased strength. The progress reports as of 3/10/14 recommended right total knee replacement due to continued pain interfering with routine and daily activities and body mass index of 39. The 8/25/14 treating physician report cited severe right knee pain. He was unable to walk more than 2 to 3 blocks before he had to stop or slow down. He was unable to sleep due to pain. Physical exam documented active range of motion 0-120 degrees with patellofemoral crepitus. Genu varum deformity was present. Conventional physical therapy was not helpful. The diagnosis was right knee synovitis and severe osteoarthritis. The treatment plan included right total knee replacement and associated surgical requests. The 9/10/14 right knee x-ray findings documented advanced narrowing of the medial joint space (bone-on-bone), moderate to advanced osteoarthritis of the patellofemoral joint and milder osteoarthritis lateral joint space. There was minimal knee effusion. The 10/1/14 utilization review denied the request for right total knee arthroplasty as there was insufficient evidence to support the medical necessity of surgery relative to clear identification of osteoarthritis and failure of comprehensive conservative treatment. The 10/9/14 treating physician report cited persistent pain. Physical exam documented body mass index 36. Right knee exam documented active range of motion 0-120 degrees with

some pain on range of motion. Some improvement in pain was reported with weight loss. Continued weight loss, dietary restrictions, and exercise were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total right knee replacement: 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

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

Decision rationale: The California MTUS does not provide recommendations for total knee arthroplasty. The Official Disability Guidelines recommend total knee replacement when surgical indications are met. 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 (BMI) less than 35, and imaging findings of osteoarthritis. Guideline criteria have not been fully met. The patient's body mass index was 35.8 with range of motion in excess of guideline criteria. Recent weight reduction was reported with a decrease in the pain complaint. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial, including physical therapy/exercise and injections, and failure has not been submitted. Therefore, this request is not medically necessary.

Inpatient facility stay for three to four 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 (ODG), Knee and Leg Chapter, Hospital Length of Stay Section

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

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

Post-operative purchase of a cane: 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, Walking Aids Section

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Walking aids (canes, crutches, braces, orthoses, & walkers)

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

Post-operative purchase of a front wheeled walker: 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 & Leg Chapter, Walking Aids Section

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Walking aids (canes, crutches, braces, orthoses, & walkers)

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

Post-operative Lovenox injections, 40 mg, once daily for fourteen 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 (ODG), Knee & Leg Chapter, Venous Thrombosis Section

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Jobin S, Kalliainen L, Adebayo L, Agarwal Z, Card R, Christie B, Haland T, Hartmark M, Johnson P, Kang M, Lindvall B, Mohsin S, Morton C. Venous thromboembolism prophylaxis. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2012 Nov. 51 p

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