

Case Number:	CM14-0177395		
Date Assigned:	10/30/2014	Date of Injury:	06/06/2005
Decision Date:	12/08/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/27/2014

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 Surgeon, has a subspecialty in Sports Medicine and is licensed to practice in Texas and Virginia. 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 57-year-old male who reported injury on 09/06/2005. The mechanism of injury was not provided. The injured worker underwent a left knee partial meniscectomy on 11/14/2013. The findings of the surgical intervention included the injured worker had some lesions in the femoral condyle and a partial thickness meniscus tear with underlying erosion of the cartilage down to the bone. The injured worker had chondromalacia. The injured worker was noted to have a right total knee arthroplasty. The documentation of 07/29/2014 revealed a request for a left knee replacement surgery. The injured worker was noted to have significant symptoms. The injured worker was noted to be symptomatic going upstairs. The injured worker underwent an injection which provided some relief however, the relief was limited to 1 month. The physical examination revealed questionable tenderness which was greatest to palpation. X-rays were noted to be taken and confirmed the arthritic process. The diagnoses included traumatic arthritis of the left knee which corresponded to conservative care. The treatment plan included a left knee replacement. The documentation of 09/08/2014 revealed radiologic findings including mild narrowing diffusely in the medial and lateral compartments on the left knee. The injured worker had moderate quadriceps atrophy and had mild laxity medially, laterally and anteriorly. The injured worker had good range of motion. The physician documented that he had reviewed an MRI of the left knee which documented a small area of damage to the patella and eburnation of the lateral femoral condyle and the lateral tibial plateau. The medial compartment was intact. The diagnoses included lateral osteoarthritis of the left knee in an injured worker who had done poorly with a right knee total joint replacement. The treatment plan included the injured worker would begin physical therapy and if the injured worker proceeded to surgery, a partial lateral joint replacement would be indicated. The injured worker underwent an MRI of the left knee without contrast on 09/08/2014 which revealed lateral

compartment chondral denudation with eburnation and full thickness anterior compartment chondral defects with a large effusion with synovial thickening. There was a request for authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Surgery to the left knee total arthroplasty: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, 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 & Leg Chapter, Knee Joint Replacement

Decision rationale: The injured worker is a 57-year-old male who reported injury on 09/06/2005. The mechanism of injury was not provided. The injured worker underwent a left knee partial meniscectomy on 11/14/2013. The findings of the surgical intervention included the injured worker had some lesions in the femoral condyle and a partial thickness meniscus tear with underlying erosion of the cartilage down to the bone. The injured worker had chondromalacia. The injured worker was noted to have a right total knee arthroplasty. The documentation of 07/29/2014 revealed a request for a left knee replacement surgery. The injured worker was noted to have significant symptoms. The injured worker was noted to be symptomatic going upstairs. The injured worker underwent an injection which provided some relief however, the relief was limited to 1 month. The physical examination revealed questionable tenderness which was greatest to palpation. X-rays were noted to be taken and confirmed the arthritic process. The diagnoses included traumatic arthritis of the left knee which corresponded to conservative care. The treatment plan included a left knee replacement. The documentation of 09/08/2014 revealed radiologic findings including mild narrowing diffusely in the medial and lateral compartments on the left knee. The injured worker had moderate quadriceps atrophy and had mild laxity medially, laterally and anteriorly. The injured worker had good range of motion. The physician documented that he had reviewed an MRI of the left knee which documented a small area of damage to the patella and eburnation of the lateral femoral condyle and the lateral tibial plateau. The medial compartment was intact. The diagnoses included lateral osteoarthritis of the left knee in an injured worker who had done poorly with a right knee total joint replacement. The treatment plan included the injured worker would begin physical therapy and if the injured worker proceeded to surgery, a partial lateral joint replacement would be indicated. The injured worker underwent an MRI of the left knee without contrast on 09/08/2014 which revealed lateral compartment chondral denudation with eburnation and full thickness anterior compartment chondral defects with a large effusion with synovial thickening. There was a request for authorization submitted for review.

Associated Surgical Service: EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg, Knee arthroplasty

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.

Associated Surgical Service: History and physical (H&P) Pre-op: Upheld

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

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.

Associated Surgical Service: Post-operative physical therapy: Post-op P.T. 12 sessions:
Upheld

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

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.

Associated Surgical Service: Two (2) - three (3) day 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, Knee and Leg, Knee arthroplasty

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.

Associated Surgical Service: Pre-op labs: Upheld

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

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.

Associated Surgical Service: Post-op appointment: Upheld

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

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.