

Case Number:	CM14-0179388		
Date Assigned:	11/03/2014	Date of Injury:	03/01/2013
Decision Date:	12/10/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/29/2014

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 is a 51-year-old male with a 3/1/13 injury date. In a 7/24/14 QME, the patient has reached maximum medical improvement for the left knee and no future left knee surgery was recommended. The patient was noted to be 5'9" tall and weigh 230 pounds. In a 7/25/14 follow-up, the patient continues to complain of left knee pain. Objective findings included flexion to 125 degrees, extension to neutral, crepitus with motion, and medial and lateral joint line tenderness. A 7/6/13 left knee MRI showed thinned cartilage of the medial femoral condyle and medial tibial plateau, degenerative tears of the menisci, and a degenerative tear of the ACL. A 6/26/14 left knee MRI revealed degenerative arthritis. Diagnostic impression: left knee osteoarthritis. Treatment to date: physical therapy, medications, exercise, cortisone injection, left knee arthroscopy. A UR decision on 10/2/14 denied the request for left total knee replacement on the basis that the documented knee flexion was not less than 90 degrees, a 7/24/14 QME report did not recommend left knee surgery, and viscosupplemental injections have not been tried. The requests for post-op physical therapy, crutches, knee brace, and medical clearance were denied because the associated procedure was not certified. In a phone call to the provider on 10/2/14, the provider indicated that he would be willing to try viscosupplemental injections prior to proceeding with knee replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left total 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 Procedure Summary

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

Decision rationale: CA MTUS does not address this issue. ODG criteria for TKR include conservative care including Visco supplementation injections OR Steroid injection, limited range of motion, nighttime joint pain, and no pain relief with conservative care; over 50 years of age AND Body Mass Index of less than 35; and osteoarthritis on imaging or arthroscopy report. In this case, the patient meets several criteria for surgery. The patient is just over 50 years of age, has a calculated BMI of 34, has tried a variety of conservative treatments, and has documented arthritis on imaging studies. However, the patient is still relatively young to undergo a knee replacement surgery (being only 51 years old), has good range of motion of the left knee, has no documented nighttime joint pain, and has not yet tried viscosupplementation injections. The provider did indicate that they would try Synvisc injections in the near future. At this time the medical necessity of the procedure is not established. Therefore, the request for left total knee replacement is not medically necessary.

Postoperative physical therapy 3 x 4: Upheld

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

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

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

Crutches: Upheld

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

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

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

Knee brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee chapter--knee brace.

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

Medical clearance: Upheld

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

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: ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery.

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