

Case Number:	CM14-0027173		
Date Assigned:	06/13/2014	Date of Injury:	07/21/2009
Decision Date:	08/05/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/04/2014

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 injured worker is a 43-year-old male who reported an injury on 07/21/2009. Prior treatments include NSAIDs, cold therapy, and a home exercise program. The mechanism of injury was a motor vehicle accident. The injured worker underwent a right knee scope and chondroplasty on 11/14/2013. The injured worker was treated with Synvisc injections. The injured worker underwent an MRI of the right knee without contrast on 09/05/2013. The MRI revealed there was a 1.5 cm region of high-grade partial thickness to full thickness cartilage loss along the median ridge and lateral patellar facet with associated subchondral cysts of the patellofemoral compartment. There was no evidence of a meniscus tear. The documentation of 12/27/2013 revealed the injured worker had a positive patella grind with mild swelling. The diagnosis was degenerative joint disease of the knee. The treatment plan included 8 more physical therapy visits and the statement the injured worker would need a patella replacement in the future.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT PATELLOFEMORAL REPLACEMENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 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 & Leg Chapter, Knee joint replacement.

Decision rationale: The California MTUS/ACOEM Guidelines do not specifically address knee arthroplasty. As such, secondary Guidelines were sought. The Official Disability Guidelines indicate the criteria for knee joint replacement include documentation of conservative care including exercise therapy and medications including NSAIDs or visco therapy and documentation of limited range of motion and nighttime joint pain and documentation of no pain relief with conservative care. There should be documentation of current functional limitations demonstrating the necessity for intervention plus the injured worker should be over 50 years of age and have a body mass index of less than 35. There should be documentation of osteoarthritis on standing x-rays or previous arthroscopy. The clinical documentation submitted for review indicated the injured worker had been treated with physical therapy and viscosupplementation. However, the PR2 and DWC form RFA were not submitted with the request. There was a lack of documentation of limited range of motion and nighttime joint pain as well as no pain relief with conservative care. There was no documentation of current functional limitations demonstrating the necessity for intervention. There was no documentation indicating the injured worker had a body mass index of less than 35. Given the above, the request for right patellofemoral replacement is not medically necessary.

ASSISTANT SURGEON: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported, the requested ASSISTANT SURGEON would not be supported either.

PRE-OPERATIVE EKG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported, the requested PRE-OPERATIVE EKG would not be supported either.

IMMOBILIZER: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported, the requested IMMOBILIZER would not be supported either.