

Case Number:	CM14-0033753		
Date Assigned:	06/20/2014	Date of Injury:	12/11/2009
Decision Date:	07/31/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/17/2014

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 claimant is a 65 year old female who was involved in a vocational injury in December of 2009 and sustained injury to her right knee. The claimant's current working diagnosis is right knee degenerative joint disease. The records provided for review document that the claimant had right knee arthroscopy in August of 2012, for arthroscopic resection of the torn portions of the medial lateral menisci, a track compartmental synovectomy and chondroplasty of the medial femoral condyle and patella of the right knee. The office note dated September 18, 2013, from [REDACTED] noted that the claimant had gradually recurring right knee pain, increasing swelling and difficulty performing kneeling and squatting activities. The claimant had a calculated BMI of 24.4. The exam showed soft tissue swelling, patellar and medial joint tenderness, patellofemoral crepitus, and tenderness on palpation of the medial compartment of the right knee. The range of motion demonstrated 110 degrees of flexion on the right compared to 125 degrees on the left. The office visit on February 12, 2014, with [REDACTED], noted that the claimant has a slight limp and otherwise the physical examination was unchanged. In an earlier office note dated March 13, 2013, [REDACTED] noted that x-rays from August 9, 2012 demonstrated a slightly diminished medial compartment with a 3 millimeter medial compartment in the AP view and a 2 millimeter medial compartment on the lateral view. The patella-femoral joint was noted to be normal. The report of an MRI of the right knee dated September 28, 2011 showed degenerative changes involving the posterior horn and body of the medial meniscus. In addition, there appeared to be a horizontal tear in the posterior horn. The lateral meniscus was intact. There were degenerative changes involving the medial compartment characterized by thinning of the cartilage and small osteophytes. There is a very small mild subchondral maritima. There is a moderate sized joint effusion with a medium sized Baker's cyst. There is some fluid anterior to the Baker's cyst suggesting it may be leaking. Conservative treatment to date includes

viscosupplementation last completed on January 30, 2013, formal physical therapy in August of 2012, Celebrex, Advil, Percocet and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Total Knee Arthroplasty Biomet signature anterior stabilized knee protocol: 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), Indications for Surgery, Knee Arthroplasty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Comp; 2013 Updates, Knee and Leg chapter; Total Knee Arthroplasty.

Decision rationale: The medical records provided for review do not contain any recent diagnostic studies in the form of x-ray, CT, or MRI suggesting that the claimant has end stage arthritis with significant loss of the chondral space in multiple compartments of the right knee. There is a lack of documentation that the claimant has attempted, failed, exhausted recent conservative treatment in the form of bracing, formal physical therapy, intra-articular cortisone injections, or activity modification prior to considering proceeding with total knee arthroplasty. The ACOEM Guidelines and supported by the Official Disability Guidelines recommend conservative treatment and confirmation of osteoarthritis on imaging. Therefore, the request for a right total knee arthroplasty cannot be considered medically necessary and appropriate.

Three day inpatient stay at [REDACTED]: 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: Since the primary procedure is not med necessary, none of the associated services are medically necessary.

Post operative Physical Therapy three times a week for four weeks to the right knee quantity : 12: 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: Since the primary procedure is not med necessary, none of the associated services are medically necessary.

Post operative CPM (Continuous Passive Motion) machine for 21 days for the right knee:
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: Since the primary procedure is not med necessary, none of the associated services are medically necessary.

Post operative Cryo unit for 21 days for the right knee: 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: Since the primary procedure is not med necessary, none of the associated services are medically necessary.