

Case Number:	CM14-0033827		
Date Assigned:	07/21/2014	Date of Injury:	03/05/2011
Decision Date:	08/26/2014	UR Denial Date:	03/03/2014
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 Pennsylvania. 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 53 year old male who sustained a vocational injury on 03/05/11 when he slipped and fell at work. The medical records provided for review document that the claimant recently underwent left knee diagnostic arthroscopy, chondroplasty of the lateral tibial plateau, microfracture and treatment of an articular cartilage defect of the trochlea with an Arthrex Biocartilage implant on 05/24/13. The office note of 02/04/14 documented pain in the right hip and left knee aggravated by activity and alleviated by rest, ice and medication. Physical examination revealed a steady non-antalgic gait, a slight increase with talar mobility, range of motion was 0-130 degrees, a positive patella femoral crepitus and mild apprehension. The report of a left knee MRI performed on 01/06/14 showed a small joint effusion with no evidence of internal derangement. The MRI was reviewed on 02/04/14, and it was documented that there was some degree of disorganization of the trochlear repair site and the cartilage of the patella was globally thinner than expected. Conservative treatment to date has included post-operative physical therapy, Motrin, rest and ice. The working diagnosis is left knee osteoarthritis and the recommendation was made for left knee uni-compartmental over standard knee replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Operative Consultation: 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 medically necessary, none of the associated services are medically necessary.

Left Knee Unicompartmental vs Standard Knee Replacement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Arthroscopy.

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 chapter - Knee Replacement, ODG Indications for Surgery - Knee arthroplasty.

Decision rationale: The California MTUS and ACOEM Guidelines do not address this surgery. Based on the Official Disability Guidelines, the request for left knee unicompartmental versus total knee replacement cannot be considered medically necessary. The medical records do not contain reports of plain radiographs or additional diagnostic study confirming that the claimant has significant end stage bone on bone arthritis in the left knee. The MRI suggests that there is minimal to moderate arthritis in the patellar femoral compartment and there did not appear to be significant arthritis in the medial and lateral compartments. In the setting of minimal to moderate arthritis, it would be recommended to attempt, exhaust and fail all conservative treatment to include all injection therapy, and bracing, activity modification, and the use of an assistive device, prior to considering and recommending a total knee arthroplasty. In addition, there is a lack of documented subjective complaints which should include limited range of motion, nighttime joint pain, and functional or vocational limitations prior to considering total knee arthroplasty. Therefore, based on the documentation presented for review and in accordance with Official Disability Guidelines, the request for the left knee unicompartmental versus total knee replacement cannot be considered medically necessary.

Pre-Operative Labs (CBC, Chem 7, PT, PTT, INR, UA, Chest X-ray, EKG): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

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.

Pre-Operative CT scan of Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg.

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.

Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Surgeons.

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.