

Case Number:	CM14-0036102		
Date Assigned:	07/23/2014	Date of Injury:	04/16/2011
Decision Date:	08/27/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/24/2014

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 57-year-old female who sustained a vocational injury on April 6, 2011 when she stumbled over a step. The medical records provided for review document that the claimant underwent left knee arthroscopy with resection of torn portions of the medial and lateral meniscus, tricompartmental synovectomy, and chondroplasty of the medial and femoral condyle and patellar on August 20, 2012. Intraoperatively, grade II chondromalacia of the medial and femoral condyle and grade II chondromalacia of the central inferior portion of the patella were visualized. The claimant's current working diagnosis is synovitis with knee joint effusion of the left lower extremity and osteoarthritis of the medial compartment of the left knee. The report of the July 9, 2014, office note noted and her BMI was noted to be 40. Physical examination revealed the claimant ambulated with a limp when she arose from a seated position, tenderness to palpation of the lateral and medial joint lines, and effusion was present. There were scars from a prior arthroscopy of the knee. There was peripatellar and increased warmth of the knee. Conservative treatment to date according to the documentation presented for review has consisted of an ultrasound guided intraarticular cortisone injection, viscosupplementation, and previous surgical intervention. The report of the most recent X-ray dated August 20, 2013, showed moderate joint space narrowing in the medial aspect of the left knee and slightly less than joint space narrowing of the medial compartment of the right knee. In the left knee there was some increased sclerosis in the tibial plateau. Lateral compartment joint looked good bilaterally. In the lateral aspect of the left knee there was superior posterior patellar spurring noted to a mild extent. The condyles appeared normal. Sunrise views bilaterally noted lateral patellar tilt bilaterally with some mild traction spurring particularly on the right laterally. There was no blastic or lytic lesions appreciated. This request is for left total knee arthroplasty with Biomet signature posterior stabilize knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Total Knee arthroplasty with biomet signature posterior stabilized knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines Knee Chapter.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) Knee and Leg chapter.

Decision rationale: The California MTUS and ACOEM Guidelines do not address this request. Based on the Official Disability Guidelines, the request for left total knee arthroplasty with biomet signature posterior stabilized knee cannot be recommended as medically necessary. The documentation presented for review fails to establish that the claimant has had an exhaustive, failed attempt with significant conservative treatment which should include anti-inflammatories, formal physical therapy, activity modification. The medical records document that the claimant's most recent BMI is 40, and exceeds the recommendation by Official Disability Guidelines that recommends the BMI be less than 35. In addition, there is a lack of recent documentation suggesting that the claimant has at least bicompartamental, if not tricompartmental endstage arthritis. Documentation suggests that the claimant has significant medial compartment arthritis, and if such is the case, a unicompartmental knee replacement would be preferred as opposed to a total knee replacement. The documentation also fails to establish if the claimant has significant limited range of motion, nighttime pain, and has functional or vocational limitations demonstrating necessity of the requested intervention. Therefore, based on the documentation presented for review and in accordance with the Official Disability Guidelines, the request for the left total knee arthroplasty with Biomet signature posterior stabilized knee cannot be considered medically necessary.

CPM machine 21 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Continuous passive motion.

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 - Continuous Passive Motion.

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

12 Physical Therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Post Operative cryo therapy unit x 7 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Continuous flow cyro therapy.

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 - Continuous Flow Cryotherapy.

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

Walker with Wheels: 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 Chapter walking aids.

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 - Walking Aids.

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

Biomet protocol MRI scan of the left hip, knee and ankle: 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 Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Chapter 14, online. Official Disability Guidelines (ODG); Hip and Pelvis chapter - MRI's.

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

Inpatient 3 days hospital stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline Knee Chapter LOS guidelines.

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 - Hospital length of Stay.

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