

Case Number:	CM14-0036497		
Date Assigned:	07/25/2014	Date of Injury:	01/16/2008
Decision Date:	08/28/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	03/25/2014

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 50-year-old female who sustained an injury to the bilateral knees, neck, and low back on 01/16/06. Clinical records for review pertaining to the claimant's right knee document a diagnosis of degenerative osteoarthritis that has been treated conservatively with knee bracing, a TENS (Transcutaneous Electric Nerve Stimulation) device, acupuncture, physical therapy, aquatic therapy, viscosupplementation, and medication management. The records also document that the claimant underwent right knee arthroscopy with tricompartmental synovectomy and chondroplasty of the patella and medial femoral condyle in 2009. The report of a CT scan of the right knee dated 01/31/14 showed evidence of tricompartmental degenerative change and a small joint effusion. The report of a follow up office visit dated 01/13/14 documented failed care in regards to the right knee with continued complaints of pain with weightbearing. Physical examination documented the use of crutches, an antalgic gait, restricted range of motion, and diffuse tenderness. Based on failed conservative care, a bicompartamental arthroplasty was recommended in the form of a patellofemoral and medial arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee bicompartamental patellofemoral and Medial arthroplasty: 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 Indications for Surgery 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) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure.

Decision rationale: California MTUS and ACOEM Guidelines do not address this request. Based on the Official Disability Guidelines, the request for bicompartamental arthroplasty is not supported. According to the Official Disability Guidelines, Bicompartamental arthroplasty is not recommended as long term efficacy is unproven when compared to total joint arthroplasty. There are very few indications of perfectly preserved third compartments that would not require procedure. This individual's CT scan demonstrates tricompartmental degenerative change. Without documentation of true bicompartamental findings, the request of right knee bicompartamental patellofemoral and Medial arthroplasty is not medically necessary and appropriate.

Surgical Assistant: 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.

Pre-operative History and Physical exam with Internist: 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.

Pre-operative Labs: 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.

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

Pre-operative Chest X-ray: 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.