

Case Number:	CM14-0038930		
Date Assigned:	06/27/2014	Date of Injury:	07/10/2013
Decision Date:	08/05/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/02/2014

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 Orthopaedic 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 patient is a 55-year-old male grocery clerk sustained an industrial injury on July 10, 2013. The injury occurred when he was standing on a wooden pallet that broke, causing him to fall. The patient underwent right knee arthroscopy in 1999 and right knee anterior cruciate ligament reconstruction on July 11, 2013. The February 26, 2014 knee MRI documented moderate degenerative arthritic change of the patellofemoral compartment, mild arthritic change of the medial compartment, and very mild arthritic change of the lateral compartment. There was mild tri-compartmental osteophyte formation. The March 13, 2014 treating physician progress report cited bilateral knee pain with weakness and giving way. Difficulty was reported with prolonged standing and sitting. Physical exam documented decreased range of motion, decreased strength, tenderness, and sensory deficits. The March 31, 2014 utilization review denied the request for right total knee replacement and associated services based on documentation of mild knee osteoarthritis and no documentation of comprehensive conservative treatment and failure. The April 4, 2014 treating physician report cited persistent and increasing pain both knees, right worse than left, with clicking, popping, and catching. He also reported mid and low back pain radiating to the right hip and thigh. He was using symptomatic medications as needed. He was attending formal physical therapy with temporary benefit reported. Right knee exam documented medial and lateral joint line tenderness, patellofemoral joint tenderness. Range of motion was limited to -5 to 90 degrees with significant crepitation. McMurray's and downward Apley's tests were positive. There was pain with varus/valgus stressing with slight anterior laxity noted. Anterior drawer testing was equivocal. Lower extremity strength, reflexes and sensation were normal. MRI findings demonstrated significant tricompartmental degenerative arthritis. A total knee arthroplasty was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Total Knee Replacement: Upheld

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

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, Knee joint replacement.

Decision rationale: The California MTUS Guidelines do not provide recommendations for total knee arthroplasty. The Official Disability Guidelines recommend total knee replacement when surgical indications are met. Specific criteria for knee joint replacement include exercise and medications or injections, limited range of motion (< 90 degrees), night-time joint pain, no pain relief with conservative care, documentation of functional limitations, age greater than 50 years, a and body mass index (BMI) less than 35. Imaging clinical findings are required, including standing x-rays documenting significant loss of chondral clear space in at least one of the three compartments, with varus or valgus deformity as an indication with additional strength. Guidelines criteria have not been met for a total knee replacement. There is no documentation of standing x-ray findings consistent with guidelines, documenting significant osteoarthritis in two of the three compartments. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment, including injection therapies, had been tried and failed. Therefore, this request for right total knee replacement is not medically necessary.

Post-Operative Physical Therapy for the Right Knee (24 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: As the request for right total knee replacement is not medically necessary, the associated request for post-operative physical therapy for the right knee is not medically necessary.

Post-Operative A-Stim for the Right Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous electrotherapy Page(s): 114-121.

Decision rationale: As the request for right total knee replacement is not medically necessary, the associated request for a post-operative A-stim for the right knee is not medically necessary.

Post-Operative hot/cold contrast unit with DVT 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 base their decision on the MTUS.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg,
Cold compression, Continuous flow cryotherapy, Venous thrombosis.

Decision rationale: As the request for right total knee replacement is not medically necessary, the associated request for post-operative hot/cold contrast unit with DVT for the right knee is not medically necessary.

Continuous Passive Motion (CPM) 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 base their decision on the MTUS.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg,
Continuous passive motion (CPM).

Decision rationale: As the request for right total knee replacement is not medically necessary, the associated request for continuous passive motion (CPM) for the right knee is not medically necessary.

Mobilegls 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 base their decision on the MTUS.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg,
Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: As the request for right total knee replacement is not medically necessary, the associated request for Mobilegls for the right knee is not medically necessary.

Post-Operative Knee Brace 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Knee brace.

Decision rationale: As the request for right total knee replacement is not medically necessary, the associated request for post-operative knee brace for the right knee is not medically necessary.