

Case Number:	CM14-0050521		
Date Assigned:	06/27/2014	Date of Injury:	10/02/2008
Decision Date:	07/23/2014	UR Denial Date:	03/08/2014
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:

This 41-year-old female produce delivery driver sustained an industrial injury on 10/2/08, when she heard a pop in her right knee while pushing a dolly. There was immediate onset of sharp pain and swelling. She last worked on 10/2/08. Compensatory lumbar sprain/strain was documented due to altered gait. She underwent two prior right knee arthroscopic surgeries, most recently on 3/9/11. The 5/9/13 right knee x-ray impression documented no acute right knee osseous abnormality and minimal degenerative changes. The 12/27/13 right knee MRI impression documented chondromalacia patella medial patellar facet, small joint effusion, and degenerative signal within the posterior horn of the medial meniscus. The 1/14/14 initial treating physician report cited intermittent grade 7 right knee pain with clicking, buckling and swelling. Pain radiated down to the calf and up to the hip, with numbness and tingling. She was unable to kneel, squat, walk on uneven ground or uphill, or stair climb. Falling episodes were reported. She had to lie straight to rest her legs, all day. Right knee physical exam findings documented 155 degrees flexion, medial joint line and patellar tenderness, 1+ anterior drawer sign, negative varus/valgus testing, negative Lachman's, test, and positive McMurray's, patellar tilt, and compression tests. Right lower extremity strength was 4+/5. The diagnosis was internal derangement right knee. The patient wished to have a total knee replacement. The treatment plan recommended right knee MRI, TENS unit, hinged knee brace, hot/cold wrap, topical analgesics, and consult for total knee replacement. The 2/14/14 orthopedic consult report cited right knee throbbing, aching, stiffness, and popping. Numbness ran up and down her thigh into her calf and foot. Walking was painful, she was unable to play with or keep up with her 3-year-old. Right knee physical exam documented no deformity, diffuse tenderness to palpation, range of motion 15-80 degrees, and 5/5 right lower extremity strength. The orthopedic surgeon agreed the patient needed a total knee replacement but recommended definitive standing x-rays be done. The 3/7/14

utilization review denied the request for right total knee replacement as there was no clinical or imaging documentation of advanced degenerative changes of the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Assistant surgeon: 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 Other Medical Treatment Guideline or Medical Evidence: Centers for Medicare and Medicaid services, Physician Fee Schedule.

Decision rationale: As the request for right total knee replacement is not medically necessary, the request for an assistant surgeon is also not medically necessary.

Pain Catheter: 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 & Leg, Post-op ambulatory infusion pumps (local anesthetic).

Decision rationale: As the request for right total knee replacement is not medically necessary, the request for a pain catheter is also not medically necessary.

Pre-Op Medical Clearance: 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 Other Medical Treatment Guideline or Medical Evidence: Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation.

Decision rationale: As the request for right total knee replacement is not medically necessary, the request for pre-op medical clearance is also not medically necessary.

Inpatient Stay for 3(Three) Days: 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 & Leg, Hospital length of stay (LOS).

Decision rationale: As the request for right total knee replacement is not medically necessary, the request for in-patient stay for 3 (three) days is also not medically necessary.

Right Total Knee Replacement: 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. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

Decision rationale: The California MTUS does 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 body mass index (BMI) less than 35, and imaging findings of osteoarthritis on standing x-rays. Guidelines criteria have not been met. This (under 50 year old) patient does not meet the age criteria. There is no current documentation of significant osteoarthritis on imaging, either x-rays or MRI. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment, including exercise and injections, had been tried and failed. Therefore, this request for right total knee replacement is not medically necessary.