

Case Number:	CM14-0053525		
Date Assigned:	07/07/2014	Date of Injury:	09/12/2009
Decision Date:	08/07/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/22/2014

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 Colorado and Texas. 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 injured worker is a 47-year-old male who reported an injury on 09/12/2009. The mechanism of injury was not stated. Current diagnosis is symptomatic knee osteoarthritis. The injured worker was evaluated on 03/07/2014. A surgical history includes bilateral knee surgery in 2009, 2010, and 2012. Current medications include Norco and Percocet. Physical examination revealed -1 to 110 degree range of motion, negative effusion, a well healed incision of the right knee, and mild tenderness at the medial patellar facet. Treatment recommendations included a left total knee arthroplasty. It is noted that the injured worker underwent an MRI of the left knee on 06/23/2010, which indicated a small tear in the medial meniscus, mild progression of chondral loss of the medial femoral condyle, a Baker's cyst, and mild scarring at the cruciate and collateral ligaments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee 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, Criteria for a knee arthroplasty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Knee Joint Replacement.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month and a failure of exercise programs. The Official Disability Guidelines state a knee arthroplasty is indicated for patients with 2 out of 3 compartments affected. Conservative treatment should include exercise therapy and medications, as well as viscosupplementation or steroid injections. As per the documentation submitted, there is no evidence of a significant functional limitation. There was no documentation of symptomatic osteoarthritis upon physical examination. There is no mention of an exhaustion of conservative treatment to include exercise therapy and viscosupplementation or steroid injections. Additionally, there was no evidence of osteoarthritis upon standing x-ray. Based on the clinical information received and the Official Disability Guidelines, the request is not medically necessary and appropriate.

Twelve (12) postoperative physical therapy visits for the left knee: 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 med necessary, none of the associated services are medically necessary.

Twenty-one (21) day rental of a continuous passive motion (CPM) machine: 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 med necessary, none of the associated services are medically necessary.

2 day hospital stay: 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 med necessary, none of the associated services are medically necessary.