MAXIMUS Federal Services

Case Number:	CM14-0060306		
Date Assigned:	08/08/2014	Date of Injury:	05/13/2011
Decision Date:	09/15/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/01/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 60-year-old male who reported an injury on 05/13/2011 while kneeling. On 04/09/2014, the injured worker presented for followup for the left knee. He reported that the left knee pain was worse and it hurt all over. Upon examination, the left knee range of motion values were -5 degrees of extension and 125 degrees of flexion. There was +1 knee effusion. There was tenderness to the bilateral joint line, posterior lateral joint line, medial femoral condyle, and severe crepitus. X-rays of the left knee revealed complete loss of medial joint space with bone-on-bone contact. Diagnoses were trauma athropathy, leg; patellar bursitis; tear of the medial meniscus, knee; and synovitis. The provider has recommended a left knee unicompartmental arthroplasty, left knee ACL reconstruction, inpatient hospital stay, rehabilitation and Lovenox syringes. Prior therapy included an MRI, x-ray, 2 previous knee scopes of the left knee, rest, ice, NSAIDs, topical analgesics and Norco. The provider's rationale was not provided. The Request for Authorization form wass dated 04/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee unicomparmental 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Knee and Leg, Knee Joint Replacement.

Decision rationale: The Official Disability Guidelines recommend a unicompartmental knee replacement OA restricted to a single compartment. Indications for surgery include failure to respond to conservative care to include exercise, physical therapy, and medications. The clinical findings should include limited range of motion, night time joint pain and no pain relief with conservative care and documented functional limitations. The injured worker must be over the age of 50 with a body mass index of less than 35 and documented significant loss of chondral clear space in 1 compartment. The documentation revealed 125 degrees of flexion, tenderness in the medial joint line, posterior joint line, and medial femoral canal, and x-ray findings of complete loss of medial joint space with bone on bone contact. There is a lack of documentation of objective loss of function, body weight and height were not documented or calculations of the injured worker's body mass index (BMI). There is lack of documentation of prior therapies and the efficacy of the prior therapy. The request is for a unicompartmental arthroplasty, however the compartment is not indicated within the request. As such, the request is not medically necessary and appropriate.

Left knee ACL reconstruction: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

Decision rationale: The California American College of Occupational and Environmental Medicine (ACOEM) Guidelines state that an anterior cruciate ligament (ACL) reconstruction is generally warranted for injured worker's who have significant symptoms of instability caused by ACL incompetence. History of frequent giving way episodes or falls during activities that involve knee rotation, is consistent with the condition. Physical examination in an acute setting may be unrevealing because of the effusion and the immobilization of the knee. In addition, the physical examination may reveal clear signs of instability as shown by a positive Lachman's, drawer and pivot shift test. It is important to confirm clinical findings with magnetic resonance imaging (MRI) evidence of a complete tear in the ligament. Surgical reconstruction of the ACL may provide substantial benefit for active injured workers, especially those under 50 years old. For injured worker's whose work or life does not require significant loading of the knee and other stressful conditions, an ACL repair may not be necessary. There is lack of documentation of instability upon a physical examination and there are no imaging findings to support the diagnosis. The injured worker does not have a positive lachman's or pivot shift test. As such, the request is not medically necessary and appropriate.

Inpatient hospital stay #5 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.

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.

Rehabilitation hospital stay #10: Upheld

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

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.

Lovenox 40mg prefilled syringes #21: Upheld

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

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.