

<b>Case Number:</b>	CM14-0064561		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	12/28/2012
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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 Internal Medicine, 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 is a case of a 62 year old male who sustained an injury on 12/28/2012. Based on a report by [REDACTED] (QME) dated 5/1/2014, the patient injured his right knee and back at work when he apparently picked up a bucket of water and his right knee and back started hurting right away. His right knee then became swollen and he reported his injury to his employer. He subsequently received medical treatment and was prescribed a muscle relaxant and anti-inflammatory medications. An MRI of the right knee done 2/5/2013 revealed a tear of his medial meniscus. The patient was still complaining of right knee pain and not much change of his lumbar spine pain when he saw [REDACTED] on 5/1/2014. He has radiating pain in his left leg along with numbness and tingling. His current medications at that time included Tramadol 50 mg, Prilosec 20 mg, Metformin, and Ketoprofen cream. The patient has undergone various treatments for his injury including lumbar injections. He also underwent right knee arthroscopy with partial medial meniscectomy and medical meniscus repair, micro fracture of the medial femoral condyle on 5/23/2013. X-ray of the right knee from 4/21/2014 documented that there was moderate to early severe narrowing in the medial joint line space. The patient also had post-operative orthovisc injections due to persistent pain with only temporary relief. He then saw a pain specialist, [REDACTED], who recommended and performed left SI joint and left facet injections which provided temporary relief. The patient's height was recorded as 5'6" and his weight is 170 pounds, but BMI was not documented, but can be calculated. Right knee examination revealed slightly antalgic gait, not using a cane or assistive devices. Visual inspection of the right knee revealed, healed ATS scars and varus deformity. Upon palpation, the right knee was warm to touch with a slight knee effusion. No specific tenderness of the calf was noted, but there was slight tenderness to the medial knee and patellofemoral joint, right knee extension to -2 degrees and flexion to 135 degrees.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Right Total 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter; Knee Joint Replacement.

**Decision rationale:** Based on MTUS/ODG guidelines, the criteria for knee joint replacement, (If only 1 compartment is affected, a unicompartmental or partial replacement may be considered. If 2 of the 3 compartments are affected, a total joint replacement is indicated. 1) Conservative Care: Exercise therapy (supervised PT and/or home rehab exercises), and medications, (unless contraindicated; NSAIDs or Visco supplementation injections or steroid injection). 2) Subjective Clinical Findings: Limited range of motion (<90 degrees for total knee replacement), nighttime joint pain, and no demonstrating necessity of intervention. 3) Objective Clinical Findings: Over 50 years of age and Body Mass Index of less than 35, where increased BMI poses elevated risks for post-op complications. 4) Imaging Clinical Findings: Osteoarthritis on standing x-ray, (documenting significant loss of chondral clear space in at least one of the three compartments, with varus or valgus deformity and indication with additional strength), or previous arthroscopy (documenting advanced chondral erosion or exposed bone, especially if bipolar chondral defects are noted). In this case, the patient had only documented medial compartment disease and his right knee range of motion is > 90 degrees. He therefore does not meet the criteria for a total knee replacement. Therefore, based on the ODG guidelines and the evidence in this case, the request for right total knee Arthroplasty is not medically necessary.

### **Right Femoral Nerve Block:** 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 Official Disability Guidelines (ODG): Knee Chapter; Knee Joint Replacement.

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

### **Assistant Surgeon:** 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 Official Disability Guidelines (ODG): Knee Chapter; Knee Joint Replacement.

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

**Pre Operative Medical Clearance with EKG, Chest X-Ray, Labs:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id=38289>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee Chapter; Knee Joint Replacement.

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

**Post Operative Durable Medical Equipment (DME) -Cold Flow Unit:** 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 & Leg.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee Chapter; Knee Joint Replacement.

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

**Post Operative Durable Medical Equipment (DME) -Front Wheeled Walker - for Right Knee:** 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 & Leg-Walking Aids.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee Chapter; Knee Joint Replacement.

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

**Post Operative Durable Medical Equipment (DME) -Bedside Commode: 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 & Leg.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee Chapter; Knee Joint Replacement.

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

**Post Operative Home Health- 4 Times a Week (hrs/days, days/weeks-Level of Care Unspecified): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee Chapter; Knee Joint Replacement.

**Decision rationale:** Since the request for right total knee arthroplasty is not medically necessary, then the request for postoperative home health 4 times a week is not applicable. Therefore the request for postoperative home health 4 times a week is not medically necessary.

**Post Operative Initial Home Health Physical Therapy 3 Times a Week: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee Chapter; Knee Joint Replacement.

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

**Post Operative In-Patient Hospital Stay: 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 & Leg-LOS.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee Chapter; Knee Joint Replacement.

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