

Case Number:	CM14-0067748		
Date Assigned:	07/11/2014	Date of Injury:	10/05/2011
Decision Date:	08/14/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/12/2014

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 Surgeon and is licensed to practice in Texas and Colorado. 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 68-year-old female who reported an injury on 10/05/2011. Current diagnoses include osteoarthritis of the knee and current tear of the medial cartilage. The injured worker was evaluated on 04/17/2014, with complaints of right knee pain. Current medications include ibuprofen 400 mg and Norco. It is also noted that the injured worker underwent a right knee arthroscopy on 09/25/2013. It is noted that the injured worker has been previously treated with a series of Orthovisc injections without any benefit. Physical examination was not provided on that date. Treatment recommendations include a medial unicompartmental arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee unicompartment arthroplasty vs total knee arthroplasty and inpatient 3-+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, Knee & Leg (Acute & Chronic).

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, Hospital Length of Stay (LOS).

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 knee arthroplasty is indicated for patients with 2 out of 3 compartments affected. Conservative care should include exercise therapy and medications, as well as viscosupplementation or steroid injections. As per the documentation submitted, the patient's physical examination was not provided on the requesting date. Therefore, there is no evidence of symptomatic osteoarthritis of the knee. There were no standing x-rays or imaging studies provided for this review. There is mention of an attempt at conservative treatment with NSAIDS and viscosupplementation injections. However, there was no documentation of a previous course of physical therapy. Additionally, the Official Disability Guidelines state the hospital length of stay following a knee replacement includes 3 days. Therefore, the current request for an inpatient 3-5 day hospital stay exceeds guideline recommendations. Based on the clinical information received and the above mentioned guidelines, the request is not medically necessary.

Home health physical therapy 2-3 x week for 2 weeks, right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

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.

Outpatient Physical Therapy 2-3 x a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 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.