

Case Number:	CM14-0067879		
Date Assigned:	08/08/2014	Date of Injury:	05/24/2010
Decision Date:	09/11/2014	UR Denial Date:	04/11/2014
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 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 51-year-old male maintenance worker sustained an industrial injury on 5/24/10. Injury occurred when he was cleaning a patch truck and an explosion occurred with diesel fuel, blowing him backwards. The 8/1/13 left knee x-rays revealed complete joint space loss medially with multiple osteophytes in all compartments. The 3/27/14 treating physician report cited left knee pain along the medial joint line with buckling and aching. He was taking Aleve, but had not had any joint injections or physical therapy. Symptoms were aggravated with activity, walking and stairs, and improved with rest and ice. Left knee exam documented antalgic gait, mild medial joint line tenderness, range of motion 0-110 degrees, and 5/5 strength. A cortisone injection was provided to the left knee. Left total knee arthroplasty was recommended. The 4/11/14 utilization review denied the request for knee arthroplasty as there was no current documentation of functional limitations or detailed response to recent conservative treatment. The 7/22/14 treating physician report indicated that the patient had advanced osteoarthritis and had failed conservative treatment with a corticosteroid injection, physical and aquatic therapy, bracing, and assistive devices for ambulation. He continued to have pain and difficulty weight bearing. He reported that his limp and abnormal gait were throwing off his replaced hip. Left knee exam documented normal gait. There was a varus deformity with tenderness to palpation over the medial compartment. There was no laxity noted. There was pain with McMurray's. The diagnosis was left knee pain with medial compartment osteoarthritis and chronic anterior cruciate ligament tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery arthroplasty of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th edition (web), 2013, Knee & Leg, Knee Joint Replacement.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Knee joint replacement.

Decision rationale: The California MTUS does not provide recommendations for knee arthroplasty. The Official Disability Guidelines recommend knee joint replacement when surgical indications are met. If only one compartment is affected, a uni-compartmental or partial replacement may be considered. If 2 of the 3 compartments are affected, a total joint replacement is indicated. 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. Guideline criteria have not been met for a total joint replacement. This patient presents with reported evidence of complete medial joint space loss with multiple osteophytes in all compartments. The diagnosis was medial compartment osteoarthritis and chronic anterior cruciate ligament tear. Findings documented medial pain and joint line tenderness. Clinical exam documented range of motion in excess of guidelines criteria. In addition, details regarding significant functional deficit and failure of recent and comprehensive non-operative treatments have not been evidenced. Therefore, this request is not medically necessary.

Pre-operative physical exam: 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: As the surgical request is not supported, this request is not medically necessary.

Pre-operative CBC, CMP, UA, PT, INR, MRSA screening, HIV, Hep C screening: 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: As the surgical request is not supported, this request is not medically necessary.

Chest x-ray: 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: As the surgical request is not supported, this request is not medically necessary.

EKG: 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: As the surgical request is not supported, this request is not medically necessary.

Post-op knee immobilizer:

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: As the surgical request is not supported, this request is not medically necessary.

Post-op front wheel walker:

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: As the surgical request is not supported, this request is not medically necessary.

Post-op cold therapy unit with pads: 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: As the surgical request is not supported, this request is not medically necessary.

Post-op physical therapy three times a week for two weeks, quantity 6: 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: As the surgical request is not supported, this request is not medically necessary.

Post-op Occupational therapy three times a week for two weeks, quantity 6: 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: As the surgical request is not supported, this request is not medically necessary.

Post-op staples removal day 9 or 10: 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: As the surgical request is not supported, this request is not medically necessary.

Post-op nursing visits for blood draws two times a week for two weeks, quantity 4: 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: As the surgical request is not supported, this request is not medically necessary.

Post-op physical therapy three times a week for four weeks, quantity 12: 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: As the surgical request is not supported, this request is not medically necessary.

Inpatient hospital stay for one to two days: 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: As the surgical request is not supported, this request is not medically necessary.