MAXIMUS Federal Services

Case Number:	CM14-0071222		
Date Assigned:	06/30/2014	Date of Injury:	03/17/2003
Decision Date:	07/31/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/09/2014

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:

The injured worker is a 63-year-old female who reported an injury on 03/17/2003. The mechanism of injury was not specifically stated. The current diagnosis is right knee pain. It is noted that the injured worker is status post bilateral total knee arthroplasty in 2003 and 2004. The injured worker was evaluated on 10/01/2013. The injured worker reported moderate right knee pain with activity limitation and insomnia. It is noted that the injured worker has been previously treated with physical therapy. Physical examination revealed fixed flexion contracture of about 5 degrees, 70 degrees flexion, 10 degrees over the lateral aspect of the patella, grinding, and decreased sensation in bilateral feet. X-rays obtained in the office on that date indicated a large osteophyte articulating with the anterior femoral component metal. Treatment recommendation at that time included surgery for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Days of Inpatient Stay: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Treatment in Workers Compensation, Knee & Leg (Acute & Chronic), (updated 01/20/14).

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

Right Knee Arthroscopy with Total Knee joint Revision: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: The 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 to increase range of motion and strength of the musculature around the knee. The Official Disability Guidelines state a knee arthroplasty is indicated for patients with 2 out of 3 compartments effected. Conservative treatments should include exercise therapy and medications, as well as visco-supplementation or steroid injections. As per the documentation submitted, the injured worker's physical examination on the requesting date only revealed tenderness over the lateral aspect of the patella with grinding and limited range of motion. While it was noted that the injured worker has previously participated in physical therapy, there was no documentation of an exhaustion of conservative treatment. Based on the clinical information received and the above mentioned guidelines, the Right Knee Arthroscopy with Total Knee Joint Revision is not medically necessary.