

Case Number:	CM14-0072523		
Date Assigned:	08/08/2014	Date of Injury:	05/24/2012
Decision Date:	09/11/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/19/2014

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 Orthopaedic 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 56-year-old male auto mechanic sustained an industrial injury on 5/24/12. Injury occurred when a rear hub bearing fell down on his left knee and foot. The patient underwent left knee arthroscopic partial medial meniscectomy on 7/12/07 and left knee subtotal medial meniscectomy and chondroplasty on 1/4/13. The 7/5/12 left knee MRI impression documented post-operative changes with recurrent oblique tear at the posterior horn of the medial meniscus. There was mild medial tibiofemoral osteoarthritis and mild chondromalacia at the medial femoral condyle and medial tibial plateau. The 4/15/14 treating physician report cited constant sharp bilateral knee pain with popping, giving way and crunching sounds. Pain was aggravated by prolonged standing or walking. Functional difficulty was noted in activities of daily living, weight bearing activities, lifting, and climbing stairs. He used a cane for ambulation. Physical exam documented body mass index less than 28, left knee range of motion 0-110 degrees with pain. Exam findings included varus 2 degrees, 3+ medial joint line tenderness, and no effusion. The diagnosis was severe posttraumatic degenerative joint disease left knee. A left total knee arthroplasty was recommended. Standing x-rays showed severe posttraumatic degenerative joint disease of the left knee. The 5/9/14 utilization review denied the request for left total knee arthroplasty as there was no documentation that 2 of 3 compartments were affected or recent exam findings. The 5/20/14 treating physician report cited continued left knee symptoms unchanged from the 4/15/14 progress report. Physical exam documented left knee range of motion 0-100 degrees with pain. The diagnosis was severe posttraumatic degenerative joint disease left knee. A left total knee arthroplasty was recommended. Conservative treatment, including steroid injections, Synvisc injection and Voltaren had been tried with no success.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 in 1 Commode for the Left 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 Chapter: Durable Medical Equipment.

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, Bathtub seats.

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

Total Left Knee Arthroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for Surgery - Knee Arthroplasty: Criteria for 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 unicompartmental 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 imaging findings of medial compartment osteoarthritis. Recent x-rays are reported with severe left knee degenerative joint disease but no specific findings relative to the affected compartments. Exam findings documented medial joint line tenderness. Clinical exam documented range of motion in excess of guideline criteria. Therefore, this request for a total left knee arthroplasty is not medically necessary.

Front Wheeled Walker: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare National Coverage Determinations Manual - Walker.

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, Walking aids (canes, crutches, braces, orthoses, & walkers).

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 unicompartmental 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 imaging findings of medial compartment osteoarthritis. Recent x-rays are reported with severe left knee degenerative joint disease but no specific findings relative to the affected compartments. Exam findings documented medial joint line tenderness. Clinical exam documented range of motion in excess of guideline criteria. Therefore, this request for a total left knee arthroplasty is not medically necessary.

Post-Operative Knee Brace: 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 Chapter: Prefabricated knee braces.

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 brace.

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

Post-Operative Physical Therapy two (2) times a week for six (6) weeks for the Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg Chapter.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

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 unicompartmental 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 imaging findings of medial compartment osteoarthritis. Recent x-rays are reported with severe left knee degenerative joint disease but no specific findings relative to the affected compartments. Exam findings documented medial joint line tenderness. Clinical exam documented range of motion in excess of guideline criteria. Therefore, this request for a total left knee arthroplasty is not medically necessary.

Left Knee Continuous Passive Motion (CPM): 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 Chapter: Continuous passive motion, Criteria for the use of continuous passive motion devices.

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; Continuous Passive Motion (CPM).

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