

Case Number:	CM14-0082246		
Date Assigned:	07/21/2014	Date of Injury:	09/11/2001
Decision Date:	09/09/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/03/2014

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 55-year-old female sustained an industrial injury on 9/11/01. The mechanism of injury was not documented. Past surgical history was positive for right patellar realignment. The patient underwent right knee diagnostic arthroscopy with debridement and meniscal surgery on 6/18/07. The patient was unable to take non-steroidal anti-inflammatory drugs due to renal disease and history of gastric bypass. The 11/7/11 right knee MRI impression documented patellar chondromalacia and chondral defects on the lateral femoral condyle and tibial plateau. There was mild degenerative joint disease with central osteophytes on the medial femoral condyle. There was low level bone marrow edema in the medial femoral condyle and medial tibial plateau suggestive of stress reaction. The 4/8/14 treating physician office note documented a long history of bilateral knee pain. Pain was worsening, aggravated by weight bearing, stair climbing, transitioning from sit to stand, squatting, kneeling, negotiating inclines, and driving. Prior treatment included arthroscopy, pain medications, corticosteroid injections, viscosupplementation injections, and gastric bypass. Physical exam documented medial and lateral joint line tenderness and mild crepitation. Body mass index was 34.54. Bilateral knee range of motion was 0-135 degrees. Bilateral knee x-rays showed decreased patellofemoral joint space compared to 2011. The diagnosis was tri-compartmental arthritis. The patient had failed conservative treatment and had increased difficulty with functional activities. The provider recommended bilateral total knee arthroplasties, starting on the right. The 5/21/14 utilization review denied the right knee arthroplasty and associated requests based on no documentation of tri-compartmental osteoarthritis, the x-rays showed only decreased patellofemoral joint space.

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: Knee and Leg Procedure Summary: Indications of Surgery: Knee Arthroplasty.

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 total knee arthroplasty. The Official Disability Guidelines recommend total knee replacement when surgical indications are met. 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. 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. Guidelines criteria have not been met. There was no clear documentation of significantly symptomatic bi or tri-compartmental osteoarthritis; the x-rays showed only decreased patellofemoral joint space as compared to prior. There is no clear documentation that the patient had failed recent and comprehensive conservative treatment, including physical therapy or home exercise. Current range of motion findings 0-135 exceeds guideline criteria of less than 90 degrees. Therefore, this request for right total knee arthroplasty is not medically necessary and appropriate.

Postoperative physical therapy, for right knee arthroplasty.: 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: Since the primary procedure is not med necessary, none of the associated services are medically necessary.

Two day hospital stay, for right knee arthroplasty.: 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: Since the primary procedure is not med necessary, none of the associated services are medically necessary.

Rental or purchase of a CPM machine (continuous passive motion machine) for the right knee after right total knee arthroplasty.: 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: Since the primary procedure is not med necessary, none of the associated services are medically necessary.

Assistant for surgeon during right total knee arthroplasty.: 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: Since the primary procedure is not med necessary, none of the associated services are medically necessary.