

Case Number:	CM14-0087375		
Date Assigned:	07/23/2014	Date of Injury:	03/04/2011
Decision Date:	08/29/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/10/2014

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 Texas. 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 43-year-old female who reported an injury on 03/04/2011. The mechanism of injury was not specifically stated. The current diagnoses include degenerative joint disease, Baker's cyst, and knee replacement. The injured worker was evaluated on 05/29/2014 with complaints of persistent knee pain. Physical examination revealed an antalgic gait, mild swelling, mild effusion, medial joint line tenderness on the right, mild crepitation on the right, positive McMurray's testing on the right, and 0 to 130 degree range of motion. It is noted that the injured worker has failed multiple aspirations, cortisone injections, physical therapy, viscosupplementation injections, and oral medication. Treatment recommendations included a right unicompartmental knee replacement. It is noted that the injured worker underwent an MR arthrogram of the right knee on 08/14/2012, which indicated a large Baker's cyst.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unicompartmental knee arthroplasty quantity:1.00: 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.

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 Medical Treatment Utilization Schedule (MTUS) /American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) 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 (ODG) state a knee arthroplasty is indicated for patients with 2 out of 3 compartments affected. Conservative treatment should include exercise therapy, medication, and viscosupplementation or steroid injections. As per the documentation submitted, the injured worker has exhausted conservative treatment. However, there were no plain films submitted for review indicating right knee pathology. The injured worker's magnetic resonance imaging (MRI) scan on 08/04/2012 did not indicate any evidence of osteoarthritis. The medical necessity for the unicompartmental knee arthroplasty has not been established. As such, the request is not medically necessary and appropriate.

Preoperative clearance: 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 medically necessary, none of the associated services are medically necessary.

Initial post operative physical therapy in a home setting: 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.

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.

Post operative cold therapy unit rental 7-14 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 and leg.

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.

post operative front wheeled walker: 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.

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.