

Case Number:	CM14-0093207		
Date Assigned:	09/30/2014	Date of Injury:	10/26/2002
Decision Date:	10/30/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/20/2014

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 63-year-old male sustained an industrial injury on October 28, 2002. The mechanism of injury was not documented. Past surgical history was positive for left knee arthroscopic medial and lateral meniscectomy with chondroplasty of the medial femoral condyle and patella on December 17, 2002, and left knee medial unicompartmental arthroplasty on March 4, 2014. The May 31, 2013 right knee MRI impression documented moderately advanced cartilage thinning medial joint space with almost complete loss of cartilage, and patchy subchondral edema medial tibial plateau. The lateral joint space was normal with mild to moderate patellofemoral chondromalacia. The April 28, 2014 orthopedic report cited persistent right knee symptoms. The left knee was doing much better with improved range of motion and less discomfort. Physical exam documented right knee range of motion 0-130 degrees with small effusion, 2 to 3+ tenderness over the medial joint line, and slight varus alignment that corrected to neutral with valgus stress testing. The diagnosis included right knee medial compartment arthritis. The treatment plan requested authorization for right knee medial unicompartmental arthroplasty and associated services. The May 12, 2014 utilization review denied the request for right knee medial unicompartmental arthroplasty based on absence of recent x-rays and exam findings relative to the patellofemoral joint, as there was prior evidence of patellofemoral chondromalacia. The June 4, 2014 treating physician report cited continued right knee pain. Right knee exam documented full range of motion, mild tenderness along the medial and lateral joint lines, no effusion, no gross instability, and 5/5 strength on resisted flexion and extension. The treatment plan recommended right knee medial unicompartmental arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Medical Unicompartmental 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 (ODG), Indications for 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 Guidelines do not provide recommendations for partial 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 clinical findings of osteoarthritis on standing x-rays. Guideline criteria have not been met. There is no evidence of limited range of motion, night-time joint pain, or specific functional limitations. There is no documentation of height, weight, or body mass index. There are no current standing x-rays documenting osteoarthritis limited to one compartment. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial, for the right knee, and failure has not been submitted. Therefore, this request is not medically necessary.

Assistant Surgeon: 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.

Post-Operative Physical Therapy (12-sessions, 2 times per week for 6 weeks): 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.

Home Health Post-Operative Physical Therapy (4-sessions, 2 times per week for 2 weeks):
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.

Home Health RN Evaluation: 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.

3:1 Commode: 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.

Front Wheeled Walker: 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.

Single Point Cane: 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.

Cold Therapy Unit: 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.

Dynamic Compression Device: 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.