

Case Number:	CM14-0097315		
Date Assigned:	09/03/2014	Date of Injury:	02/16/2014
Decision Date:	09/29/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/25/2014

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 54 year old male who suffered a work related injury on 2/16/2014. The injured worker hurt his right knee while loading equipment onto a lift gate. Upon loading the weight, he heard a click in his knee with swelling and pain occurring several hours later. There is no reported pain to the right knee prior to this injury. The injured worker complains of swelling, catching, giving way and pain with pivoting. The providing physician has documented medial based knee pain and swelling with failure of conservative treatment including home exercises with physical therapy, one cortisone injection, medication regimen to control pain and use of an off loader brace. An X-ray examination on 3/20/2014 of the right knee shows mild degenerative changes without fracture and subluxation. There is no mention from the radiology of osteoarthritis collapse of the medial joint line. A magnetic resonance imaging (MRI) examination on 3/14/2014 shows medial meniscus tear with underlying loss of medial compartment cartilage and chronic anterior cruciate ligament (ACL) tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total arthroplasty of the right 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 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, Total Knee Arthroplasty.

Decision rationale: The injured worker is currently describing pain, swelling, catching and locking symptoms that have started after a work related injury that occurred on 2/16/2014. Prior to this injury, the injured worker did not have any symptoms affecting his right knee. Although the treating physician documents severe osteoarthritis of the medial joint with secondary changes from x-rays that have been taken on 4/4/2014, this is different than the x-rays that were documented from 3/20/2014 showing mild degenerative changes. In addition, the magnetic resonance imaging (MRI) shows medial joint cartilage loss with meniscal tear and chronic anterior cruciate ligament (ACL) tear. The injured worker has failed conservative treatment with use of on off loader brace, physical therapy, medication and cortisone injection. The Medical Treatment Utilization Schedule (MTUS) guidelines are not appropriate to follow for the diagnosis of osteoarthritis. Following the Official Disability Guidelines (ODG) for consideration for total knee arthroplasty, consideration can be given once there is documentation of 2-3 compartments being affected on radiograph imaging, conservative management has failed including home exercises and/or supervised physical therapy, medications including non-steroidal anti-inflammatory drugs (NSAIDs) or viscosupplementation or steroid injections, plus subjective clinical findings including decreased range of motion, pain, swelling and functional restrictions. At this time, there is no documentation of more than one compartment being affected based on clinical and radiographic imaging. Therefore, the request for total knee arthroplasty is not medically necessary.

Post-Op physical therapy three times A WEEK FOR SIX WEEKS FOR THE RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329-354.

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

3 IN 1 Commode: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare National Coverage Determination Manual.

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

Front wheel walker: 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 Medicare National Coverage Determination Manual.

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

Pre-Op medical clearance and labs to include EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Knee, Treatment Planning.

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