

Case Number:	CM14-0131007		
Date Assigned:	08/20/2014	Date of Injury:	12/21/2008
Decision Date:	01/05/2015	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/15/2014

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 Surgeon and is licensed to practice in Minnesota. 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 57 year old female with a history of work related injury on 12/21/2008. The documentation indicates that on 7/21/2014 she was seen for 10/10 mid-back pain, 10/10 low-back pain and 10/10 right knee pain. She had undergone a lumbar fusion with no relief of pain. She also underwent several surgical procedures on the right knee including a meniscectomy and several other unspecified arthroscopies on the right knee. The dates are not reported. She has difficulty with stairs, night time pain, and history of locking, popping, catching, and giving way. She sometimes uses a cane. She takes Tramadol for pain. On exam her BMI was 31. Range of motion was 0/5 extension and 130/150 flexion. She was tender at the medial joint line. X-rays including AP and Lateral views of the right knee obtained on 7/21/2014 revealed medial joint space loss, osteophytes, and Fairbank's changes in the medial compartment. The official Radiology report is not submitted and so the status of the other compartments is not known. UR non-certified the request for a unicompartmental replacement of the right knee for lack of documentation of corticosteroid injections or viscosupplementation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee unicompartmental replacement for the medial compartment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Indications for Surgery

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section:Knee, Topic: Total Knee Arthroplasty

Decision rationale: California MTUS does not address the criteria for a unicompartmental knee arthroplasty. ODG criteria were therefore used. The documentation submitted does not include a radiology report pertaining to the right knee and also does not include a Merchant's view. Therefore, it is not known if there is osteoarthritis of the patellofemoral joint in addition to the medial compartment. ODG guidelines recommend a total knee arthroplasty if 2 compartments are involved. There is no documentation of corticosteroid injection or viscosupplementation of the right knee and the results thereof. No physical therapy or a trial of strengthening exercises is documented. The range of motion as documented is good and does not meet the ODG requirement of range of motion less than 0-90. Based upon the above, the ODG guidelines are not met and the requested unicompartmental knee arthroplasty is not medically necessary.

Associated surgical service: 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Knee, Topic: Total Knee Arthroplasty

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

Associated surgical service: IM clearance: 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 Official Disability Guidelines (ODG) Section: Knee, Topic: Total Knee Arthroplasty

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

Associated surgical service: Cold therapy unit for 30 days: 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 Official Disability Guidelines (ODG) Section:Knee, Topic:Total Knee Arthroplasty

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

Associated surgical service: Post-op PT for 24 sessions: 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 Official Disability Guidelines (ODG) Section: Knee, Topic: Total Knee Arthroplasty.

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

Associated surgical service: Transportation to and from the facility: 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 Official Disability Guidelines (ODG) Section: Knee, Topic: Total Knee Arthroplasty.

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