

<b>Case Number:</b>	CM14-0174874		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	03/28/2000
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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 New York. 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 69 year old male sustained a work related injury on 9/17/1999. The mechanism of injury was reported to be injury from falling off a flight of stairs, twisting his right knee. The current diagnosis is degenerative joint disease of the right knee. Past surgical history right knee arthroscopy. According to the progress report dated 9/23/2014, the injured workers chief complaint was right knee pain, 4/10 on a subjective pain scale. The pain was described as aching, stabbing, and sharp, made better with medication. Prolonged sitting and standing makes the pain worse. The physical examination of the right knee revealed range of motion 0-128 degrees, positive tenderness at the medial joint line, 1+ effusion, and positive quadriceps atrophy. MRI denotes that there is articular cartilage erosion in the patellofemoral joint and in the lateral compartment. The injured worker utilizes Norco for pain relief. On this date, the treating physician prescribed right knee unicompartmental versus total knee replacement, which is now under review. When right knee unicompartmental versus total knee replacement was first prescribed work status was permanent and stationary. On 10/13/2014, Utilization Review had non-certified a prescription for right knee unicompartmental versus total knee replacement. The surgery was non-certified based on premature request. The Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee unicompartmental versus total knee replacement:** 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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Official Disability Guidelines (ODG); knee chapter, MTUS knee pain chapter.

**Decision rationale:** The medical records do not support the need for total knee surgery. The medical records do not support the need for unicompartmental knee replacement. Specifically, the medical records do not clearly documented recent trial and failure of conservative measures to include physical therapy for degenerative knee pain. More conservative measures are necessary for the treatment of this patient's pain. Total knee replacement or unicompartmental knee replacement is not medically necessary at this time. Guidelines for knee replacement surgery not met; therefore this request is not medically necessary.

**Associated surgical service: Inpatient hospital stay x 3 days:** 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 surgical services are 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 cite any medical evidence for its decision.

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

**Associated surgical service: 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 surgical services are medically necessary.

**Associated surgical service: Cold therapy unit, purchase or rental x 21 days: 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 surgical services are medically necessary.

**Associated surgical service: CPM 21 days: 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 surgical services are medically necessary.

**Associated surgical service: Post-operative Physical Therapy right knee x 12: 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 surgical services are medically necessary.

**Associated surgical service: Transportation to surgery then to SNF and home, QTY 3: 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 surgical services are medically necessary.

**Associated surgical service: Skilled nursing facility x 7 days: 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 surgical services are medically necessary.

**Associated surgical service: Lovenox injections 30mg #28:** 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 surgical services are medically necessary.

**Associated surgical service: Oxycodone 10mg #60:** 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 surgical services are medically necessary.

**Associated surgical service: Oxycodone 10mg #20:** 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 surgical services are medically necessary.