

Case Number:	CM14-0190106		
Date Assigned:	11/21/2014	Date of Injury:	02/21/2007
Decision Date:	01/21/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/14/2014

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 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 53-year-old male. The date of injury is 2/21/2007. He underwent a right total knee arthroplasty in October 2003 and a left total knee arthroplasty in November 2013. The exact date of surgery or the operative report were not provided. Physical therapy notes dated 12/2/2013 indicate that the left knee had been replaced and was feeling unstable. The symptoms prevented squat beyond 20 of flexion. This improved on June 19, 2014 and he was able to flex to 65 before having any symptoms. The right total knee arthroplasty was tricompartmental but on the left side the patella was not resurfaced. Unfortunately that did not work out and approximately 6 months after surgery he had persisting pain in the peripatellar area while using the treadmill. He also started having some catching in the patellofemoral joint with active extension of the knee. X-rays showed some lateral tracking of the patella in both knees per provider notes. The radiology reports were not provided. He tried a patellar stabilizing brace but the results were not satisfactory. The progress notes from September 18, 2014 indicate continuing pain and irritation in the patella. X-rays were said to show an overhang of an osteophyte of the patella consistent with the articulation of his unresurfaced patella. The provider recommended re-exploration of the knee and resurfacing of the patella probably with a partial patellectomy in order to avoid further articulation of the patellar joint. The operative report pertaining to the surgical procedure and the radiology reports or the physical therapy reports were not provided with the exception of the above. The disputed issue pertains to a request for re-exploration of the left knee and resurfacing of the patella with partial patellectomy. This was noncertified by utilization review stating partial resurfacing was not recommended and patellectomy had unpredictable results; however, UR stated that an arthroscopic lateral release would be recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

One left knee re-exploration and resurfacing of the patella with partial patellectomy:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345.

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: Knee replacement

Decision rationale: California MTUS does not address this issue. ODG criteria were therefore used. This is a 53-year-old male who underwent a total knee arthroplasty but continued to have patellar maltracking and pain afterwards. The arthroplasty was bicompartamental and the patella was not resurfaced. Based upon the criteria for the total knee arthroplasty surgery was certified at that time but an intraoperative decision was made to not resurface the patella. Based upon the providers progress reports a revision surgery consisting of resurfacing of the patella and excision of the osteophyte seen on the x-ray combined with a lateral release seems prudent. However we do not have the radiology reports and also do not have the operative report of the original surgery. Furthermore, the provider is not asking for a lateral release. Most of the physical therapy notes are also not submitted. The injured worker meets the ODG criteria for a unicompartamental replacement of the patellofemoral joint. However, without the benefit of the documentation, the medical necessity of a revision surgery cannot be substantiated. In particular, there is no radiology report pertaining to the patellofemoral joint for which surgery is requested. As such, based upon the documentation provided or the lack thereof, the request for left knee exploration and resurfacing of the patella with partial patellectomy is not medically necessary.

Six sessions of post-operative home physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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: Knee Replacement

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

12 sessions of post operative physical therapy (after completing the home therapy): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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: Knee Replacement

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

T-Scope knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter

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: Knee Replacement

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

One cold therapy unit: 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)

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: Knee Replacement

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

One CPM with pad: 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) Continuous Passive Motion

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: Knee Replacement

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