

Case Number:	CM14-0194726		
Date Assigned:	12/02/2014	Date of Injury:	05/22/2012
Decision Date:	01/21/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/20/2014

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 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:

According to the records made available for review, this is a 53-year-old female with a 5/22/12 date of injury, and right knee partial medial meniscectomy and extensive synovectomy on 9/13/12. At the time (11/11/14) of request for authorization for right total knee arthroplasty with Zimmer PSI protocol, platelet rich plasma and facial sheath injection, MRI Zimmer PSI Protocol, post-operative skilled nursing facility for 14 days, MMI DVT pump, Kneehab Neuromuscular Electrical Stimulation (NMES) unit, mobi crutches, cold therapy unit; purchase, and right-hinged knee gripper brace, there is documentation of subjective (worsening right knee pain) and objective (range of motion is 0-130 degrees with sub patellar crepitus and hypersensitivity over the knee joint) findings. The current diagnoses are knee degenerative osteoarthritis, knee medial meniscus tear, knee arthralgia, and knee chondromalacia patella. The treatment to date includes physical therapy, Synvisc injections, aquatic therapy, TENS unit, and medications. There is no documentation of subjective findings (limited range of motion and nighttime joint pain, additional objective findings (Body Mass Index of less than 35), and imaging findings (osteoarthritis on standing x-ray or arthroscopy report).

IMR ISSUES, DECISIONS AND RATIONALES

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

Right total knee arthroplasty with Zimmer PSI protocol: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Knee Joint Replacement

Decision rationale: MTUS does not address the issue. Official Disability Guidelines necessitate documentation of at least 2 of the 3 compartments affected, subjective findings (limited range of motion and nighttime joint pain), objective findings (over 50 years of age and Body Mass Index of less than 35), imaging findings (osteoarthritis on standing x-ray or arthroscopy report), and conservative treatment (physical modality, medications, and either Viscosupplementation injections or steroid injection), as criteria necessary to support the medical necessity of total knee arthroplasty. Within the medical information available for review, there is documentation of diagnoses of knee degenerative osteoarthritis, knee medial meniscus tear, knee arthralgia, and knee chondromalacia patella. In addition, there is documentation of at least 2 of the 3 compartments affected, objective finding (over 50 years of age), and failure of conservative treatments (physical modality, medications, and Viscosupplementation injections). However, despite documentation of subjective findings (worsening right knee pain), there is no documentation of subjective findings (limited range of motion and nighttime joint pain). In addition, there is no documentation of additional objective findings (Body Mass Index of less than 35) and imaging findings (osteoarthritis on standing x-ray or arthroscopy report). Therefore, based on guidelines and a review of the evidence, the request for right total knee arthroplasty with Zimmer PSI protocol is not medically necessary.

MRI Zimmer PSI Protocol: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

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 Skilled Nursing facility x 14 days: Upheld

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

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.

MMI DVT pump: Upheld

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

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.

Kneehab Neuromuscular electrical stimulation (NMES) unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121.

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.

Mobi Crutches: Upheld

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

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, purchase: Upheld

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

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.

Right-hinged knee gripper brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347.

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.

Platelet rich plasma (PRP) and facial sheath injection: 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 and Leg Chapter, Platelet-rich Plasma (PRP)

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.