

Case Number:	CM14-0196416		
Date Assigned:	12/03/2014	Date of Injury:	05/13/2007
Decision Date:	01/20/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/21/2014

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; has a subspecialty in Sports Medicine and is licensed to practice in Texas and Virginia. 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 61-year-old female who reported an injury on 05/18/2002 due to, while climbing down a ladder; the injured worker missed the last 2 steps, twisting her right knee. Past medical treatment consisted of surgeries, physical therapy, hyalgen injections, ESIs, facet injections, cortisone injections, aquatic therapy, the use of a knee brace, and medication therapy. Medications included OxyContin 40 mg, furosemide 20 mg, gabapentin 300 mg, Norco 10/325 mg, biscodal 5 mg, baclofen 20 mg, potassium gluconate 500 to 95 mg, prelatin 200 mg, methadone HCl 5 mg, Temazepam 15 mg, pantoprazole 40 mg, docusate 250 mg, busporin SR 150 mg, and fish oil. 10/07/2014, the injured worker underwent an MRI of the left knee, which revealed attenuated ACL with increased signal consistent with partial thickness tear, lateral meniscus focal mid body inner edge tear, moderate medial patellofemoral degenerative arthritis with prominent cartilage thinning, and subchondral sclerosis involving the medial patellar facet, mild medial tibiofemoral degenerative arthritis, and small joint effusion. On 10/06/2014, the injured worker underwent an MRI of the right knee, which revealed ACL complete or a high grade partial thickness tear, medial meniscus posterior horn root evolution avulsion or full thickness tear, lateral meniscus small mid body/posterior horn oblique cleavage tear extending to inferior articular surface and inner edge, moderately severe medial tibiofemoral degenerative arthritis with areas of full thickness cartilage eburnation and subcortical edema along the peripheral medial margin of the medial tibial plateau, small areas of cartilage grade 3 in the inferior aspect of the central apex and upper pole of the medial facet, and small joint effusion. On 11/07/2014, the injured worker complained of bilateral knee pain. The left knee pain was worse than the right. It was documented that the injured worker had frequent numbness and tingling in both legs down to the feet, worse on the left than the right. There were no reported sensory deficits, range of motion, or motor strengths documented within the progress note. The

medical treatment plan was for the injured worker to undergo bilateral total knee replacements. There was no rationale or Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral total knee replacement, starting with 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 & leg, ODG- Indications for surgery-Knee arthroplasty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

Decision rationale: The request for bilateral total knee replacements, starting with the right knee, is not medically necessary. According to the California MTUS/ACOEM Guidelines, arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of meniscus tear - symptoms other than simply pain (locking, popping, giving way, recurrent effusion); clear signs of a bucket handle tear on examination (tenderness over the suspected tear but not over the entire joint line, and perhaps lack of full passive flexion); and consistent findings on MRI. In patients younger than 35 years, arthroscopic meniscal repair can preserve meniscal function, although the recovery time is longer compared to partial meniscectomy. Arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. Criteria for surgical considerations are activity limitations for more than 1 month and/or failure in exercise programs to increase range of motion and strength of the musculature around the knee. It was indicated the submitted report that the injured worker had undergone prior arthroscopic surgery to the knee. It was also indicated that the injured worker had completed postoperative physical therapy. However, the submitted documentation dated 11/07/2014 lacked any indication of physical examination findings of functional deficits the injured worker was having to the knee. Additionally, there was no indication of activity limitations. There was no rationale submitted for review to warrant the request. Given the above, the injured worker is not within the California MTUS/ACOEM Guidelines' criteria. As such, the request is not medically necessary.

(Associated Surgical Service) Inpatient length of stay times three to four 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- Knee & leg, ODG- Indications for surgery-Knee arthroplasty.

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.

(Associated Surgical Service) Surgeon Assistant: 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 & leg, ODG- Indications for surgery-Knee arthroplasty.

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.

(Associated Surgical Service) Post-op care with RN Weekly.: 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 & leg, ODG- Indications for surgery-Knee arthroplasty.

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.

(Associated Surgical Service) Labs (INR, PTT): 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 & leg, ODG- Indications for surgery-Knee arthroplasty.

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.