

Case Number:	CM14-0203133		
Date Assigned:	12/15/2014	Date of Injury:	08/26/2014
Decision Date:	01/31/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	12/04/2014

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 is a 50 year old male who sustained a work related injury on August 26, 2014. The mechanism of injury was not clear. A progress report dated September 9, 2014 notes that the injured worker had right knee swelling and pain with catching and the knee giving way. The injured worker slipped and injured his low back and was now complaining of pain radiating down the posterior leg and thigh. Physical examination of the right knee revealed swelling, an effusion and decreased range of motion. McMurray's test was positive with catching. Straight leg raises were positive bilaterally with associated muscle spasm in the low back. Diagnoses include right knee derangement with associated degenerative disease and effusion and a low back injury with acute radiculopathy. The injured worker was not working. Medications included Neurontin, Pennsaid Topical drops, Celebrex and Flomax. Physical examination of the left knee revealed tenderness in the medial compartment and patellofemoral compartment. Full range of motion was noted. Prior surgeries of the injured worker knees include an arthroscopy of the right knee in 2002 and arthroscopy of the left knee in 2006 and 1999. An X-ray of the right knee performed September 2, 2014 revealed a moderate multi-compartmental degenerative disc disease primarily involving the medial joint compartment. Current documentation dated October 13, 2014 notes that the injured worker had bilateral knee pain, with the right knee being more symptomatic. The injured worker was scheduled for a right total knee arthroplasty. The treating physician requested a right knee total arthroplasty, an assistant surgeon, post-operative physical therapy sessions times 12 to the right knee, a continuous passive motion machine times 21 days and an inpatient hospital stay times 2 days. Utilization Review evaluated and denied the requests on October 30, 2014. Utilization Review denied the request for a right total knee arthroplasty due to lack of documentation of a comprehensive non-operative treatment protocol trial with failure, which is recommended by the MTUS Guidelines. The requests for an assistant

surgeon, post-operative physical therapy sessions times 12 to the right knee, a continuous passive motion machine times 21 days and an inpatient hospital stay times 2 days are not applicable due to the surgery no being medically necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee total arthroplasty: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation; ODG Treatment; Integrated Treatment/Disability Duration Guidelines, Knee and Leg Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: This patient does not meet criteria for total knee replacement surgery. Specifically, the medical records do not clearly documented the patient has exhausted all conservative measures. There is no documentation that the patient has completed a comprehensive non-operative treatment program. More conservative measures of medically necessary for the treatment of chronic knee pain. Documentation of injection therapy with specific functional benefit with a lack of functional benefit should be documented. Recent trial and failure of walking aids should be documented. Recent trial and failure physical therapy should be documented. Criteria for total knee replacement are not met.

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 services are medically necessary.

Post-operative physical therapy times 12 for right knee: 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 services are medically necessary.

(Associated services) Continuous passive motion device times 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 services are medically necessary.

(Associated Services) In-patient hospital stay times 2 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 services are medically necessary.