

Case Number:	CM14-0206168		
Date Assigned:	01/30/2015	Date of Injury:	09/27/2012
Decision Date:	03/05/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 63-year-old male who reported an injury on 09/27/2012. The mechanism of injury was not provided. On 01/07/2015, the injured worker presented with complaints of aching pain medially to the left knee, worse with prolonged weightbearing. There were no instability and no neurological complaints noted. The injured worker was status post left knee arthroscopy and debridement in 07/2014, which provided a short term relief with recurrence of pain. He had previous corticosteroid and hyaluronic acid injections. Upon examination, there was persistent swelling of the left knee. There was about a 10 degree flexion contracture with 120 degrees of active flexion. There was significant medial joint line tenderness. There was no lateral joint line or patellar tenderness and no instability noted. The diagnoses were progressive medial compartment arthritis of the left knee. The treatment plan included a partial knee replacement or medial compartment hemiarthroplasty. The rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee medial compartment hemiarthroplasty: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for Surgery, Knee Arthroplasty and AAOS Clinical Guidelines on Osteoarthritis

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

Decision rationale: The request for a left knee medial compartment hemiarthroplasty is not medically necessary. The Official Disability Guidelines state that indications for surgery for a knee arthroplasty include the patient must have tried and failed the recommended conservative therapy to include physical therapy, exercise, medications, and injections; plus clinical findings of limited range of motion less than 90 degrees, nighttime joint pain, and no pain relief with conservative care. There should be documentation of current functional limitations demonstrating necessity of intervention; plus subjective findings that patient is over the age of 50 with a BMI of less than 40 with positive imaging studies of osteoarthritis on standing x-ray or previous arthroscopy that document advanced chondral erosion or exposed bone, especially if bipolar chondral defects are noted. The included documentation provided for review lacked evidence of the injured worker's failure to respond to initially recommended conservative treatments to include exercise therapy, medications, and bracing. Additionally, there was a lack of subjective clinical findings of nighttime joint pain and documentation of current functional limitations. There were no imaging studies submitted for review that revealed osteoarthritis on the standing x-ray. As such, medical necessity has not been established.

Game ready 2 week rental: 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.

Pre operative follow up: 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.

2 day inpatient hospital stay: 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.

Pre operative appointment: 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 appointments within global period with fluoroscopy (x4): 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 therapy 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 services are medically necessary.

Knee immobilizer: 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.