

Case Number:	CM15-0003263		
Date Assigned:	01/14/2015	Date of Injury:	11/01/1998
Decision Date:	03/19/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/07/2015

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: New York
 Certification(s)/Specialty: Neurological Surgery

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 69 year old male sustained an industrial injury on 11/1/1998. He has reported bothersome left knee pain, especially with activity. The diagnoses have included end-stage osteoarthritis of the medial compartment of the left knee. Treatments to date have included consultations; laboratory and imaging; knee arthroscopy (3/21/2011); and no current medication management. The work status classification for this injured worker is not noted. On 12/11/2014 Utilization Review non-certified, for medical necessity, the request for: 1 left knee arthroplasty, unicompartmental medial knee replacement versus total knee replacement, total condylar at St. Johns Hospital; a 3-4 hospital stay; a 10 day rental of continuous primary motion machine; 14 days rental of an ice machine; 1 walker versus a cane, crutches; 6 home visits from a home health nurse for wound care, medications and physical therapy; 1 pre-operative surgical clearance with an Internist with chest x-rays, electrocardiogram, and blood work; and 12 post-operative physical therapy sessions - all before 3/4/2015, the Medical Treatment Utilization Schedule and ACOEM Guidelines were researched, but the Official Disability Guidelines for knee and leg, and knee joint replacement and arthroscopy was cited. It was stated that the criteria for the requested surgery was not met; therefore none of the other surgery related requests were approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Arthroplasty, Unicompartmental Medial Knee Replacement vs. Total Knee Replacement, Total Condylar at St. Johns Hospital: 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 Knee Chapter Knee Replacement

Decision rationale: ODG guidelines for knee arthroplasty-replacement include failure with exercise therapy. Documentation does not provide evidence of such failure. Guidelines require limited range of motion on examination. Examination stated he had a full range of motion. Guidelines require that imaging show a significant loss of chondral clear space. Documentation does not provide this evidence. Thus knee arthroplasty, unicompartmental medial knee replacement vs. total knee replacement, total condylar is not medically necessary or appropriate.

Associated Surgical Service: 3-4 Hospital Stay: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since knee arthroplasty, unicompartmental medial knee replacement vs. total knee replacement, total condylar is not medically necessary or appropriate, then the associated surgical service:3-4 hospital stay is not needed.

Decision rationale: Since knee arthroplasty, unicompartmental medial knee replacement vs. total knee replacement, total condylar is not medically necessary or appropriate, then the associated surgical service:3-4 hospital stay is not needed.

Associated Surgical Service: 10 Days Rental of CPM: 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 Since knee arthroplasty, unicompartmental medial knee replacement vs. total knee replacement, total condylar is not medically necessary or appropriate, then the associated surgical service:10 days rental of CPM is not needed.

Decision rationale: Since knee arthroplasty, unicompartmental medial knee replacement vs. total knee replacement, total condylar is not medically necessary or appropriate, then the associated surgical service:10 days rental of CPM is not needed.

Associated Surgical Service: 14 Days Rental of Ice Machine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since knee arthroplasty, unicompartmental medial knee replacement vs. total knee replacement, total condylar is not medically necessary or appropriate, then the associated surgical service:14 days rental of ice machine is not needed.

Decision rationale: Since knee arthroplasty, unicompartmental medial knee replacement vs. total knee replacement, total condylar is not medically necessary or appropriate, then the associated surgical service:14 days rental of ice machine is not needed.

Associated Surgical Service: A Walker vs Cane, 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 (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since knee arthroplasty, unicompartmental medial knee replacement vs. total knee replacement, total condylar is not medically necessary or appropriate, then the associated surgical service:a walker vs cane, crutches is not needed.

Decision rationale: Since knee arthroplasty, unicompartmental medial knee replacement vs. total knee replacement, total condylar is not medically necessary or appropriate, then the associated surgical service: a walker vs. cane, crutches is not needed.

Associated Surgical Service: 6 Visits Home Health Nurse Wound Care, Meds and Physical Therapy: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since knee arthroplasty, unicompartmental medial knee replacement vs. total knee replacement, total condylar is not medically necessary or appropriate, then the associated surgical service:6 visits home health wound care, meds and physical therapy is not needed.

Decision rationale: Since knee arthroplasty, unicompartmental medial knee replacement vs. total knee replacement, total condylar is not medically necessary or appropriate, then the associated surgical service:6 visits home health wound care, meds and physical therapy is not needed.

Associated Surgical Service: Pre-Op Surgical Clearance with Internist for Chest X-Rays, EKG, Blood Work: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since knee arthroplasty, unicompartmental medial knee replacement vs. total knee replacement, total condylar is not medically necessary or appropriate, then the associated surgical service: Pre-op surgical clearance with internits for chest x-rays, EKG, Blood work is not needed

Decision rationale: Since knee arthroplasty, unicompartmental medial knee replacement vs. total knee replacement, total condylar is not medically necessary or appropriate, then the associated surgical service: Pre-op surgical clearance with internits for chest x-rays, EKG, Blood work is not needed.

Associated Surgical Service: 12 Post-Op Physical Therapy Sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since knee arthroplasty, unicompartmental medial knee replacement vs. total knee replacement, total condylar is not medically necessary or appropriate, then the associated surgical service: 12 post-op physical therapy sessions is not needed.

Decision rationale: Since knee arthroplasty, unicompartmental medial knee replacement vs. total knee replacement, total condylar is not medically necessary or appropriate, then the associated surgical service: 12 post-op physical therapy sessions is not needed.