

Case Number:	CM15-0003516		
Date Assigned:	01/26/2015	Date of Injury:	02/01/2008
Decision Date:	03/25/2015	UR Denial Date:	12/25/2014
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 70 year old male, reported industrial injuries on 12/28/06, 9/17/07, and 2/2/2008 when he fell from his truck landing on his left shoulder and back. He has reported onset of pain in the low back, hip, and left leg. The diagnoses have included internal derangement of the left knee, status post arthroscopic meniscectomy of the left knee on 01/28/2014, and osteoarthritis of the medial weight bearing compartment. Treatment to date has included aquatic therapy, physical therapy, bracing, home exercises, and medications. Details of the medication program are not included his PR2s. Currently, the injured worker complains of pain in the left knee, severely disrupting his activities of daily living, with soreness and pain in the left shoulder, and right knee pain due to compensation. A PR-2 Orthopedic Re-evaluation dated November 12, 2014, noted the injured worker with improved range of motion and strength, and decreased pain following the completion of twenty-four sessions of aquatic therapy. The left knee examination was noted o show atrophy over the quadriceps when a medial compartment off loader brace removed. However, no measurements are included. There was tenderness over the medial and lateral joint line, with crepitus noted with range of motion. The provider requested a left knee total knee replacement as the injured worker continued to be symptomatic following twenty-four sessions of therapy, with severe osteoarthritis of the left knee on x-rays and previous surgical reports. On December 25, 2014, Utilization Review non-certified a left knee replacement, medical clearance, an assistant surgeon, cold therapy unit, crutches, and eighteen post-operative physical therapy sessions. The UR Physician noted the injured worker did not meet the guidelines for total knee replacement at that time, citing the American College of Occupational and Environmental

Medicine (ACOEM) Guidelines and the Official Disability Guidelines (ODG). The UR Physician noted that since the request for a left knee replacement had been non-certified, the requests for an assistant surgeon, cold therapy unit, crutches, and eighteen post-operative physical therapy sessions, were also non-certified citing the MTUS Postsurgical Medical Treatment Guidelines, the Official Disability Guidelines (ODG), and non-MTUS/ODG guidelines. On January 7, 2015, the injured worker submitted an application for IMR for review of a left knee replacement, medical clearance, an assistant surgeon, cold therapy unit, crutches, and eighteen post-operative physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Replacement Surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-4. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee replacement Chapter Knee joint replacement-criteria for knee arthroplasty

Decision rationale: The ODG guidelines indicate knee arthroplasty is indicated when the patient has exhausted physical therapy and medication programs. The documentation does not contain evidence that this is the case. On the contrary the patient's range of motion, strength and pain level had improved. Documentation is not included about the patient's response to medication. Physical examination on 10/10/14 noted no swelling of the knee with negative McMurray's and Lachman's tests with normal muscle strength. Therefore the requested treatment: Left knee replacement surgery is not medically necessary or appropriate.

Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Centers for Medicare and Medicaid Services (CMS), Physician Fee Schedule.

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: 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), Knee & Leg (Acute & Chronic)

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.

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), Knee & Leg (Acute & Chronic).

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.

18 Post Op Physical Therapy Sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Post Surgical Physical Medicine 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.

Medical Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93

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.