

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0006259 | | |
| Date Assigned: | 01/26/2015 | Date of Injury: | 06/28/2014 |
| Decision Date: | 03/31/2015 | UR Denial Date: | 12/23/2014 |
| Priority: | Standard | Application Received: | 01/12/2015 |

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 54-year-old female slipped on cardboard on 6/28/14. The injured worker reported symptoms in the left knee stating her knee cap was unstable, clicked and occasionally locked which caused her the most pain. Exam showed swelling and clicking with full extension, a 1+ patella femoral grind test and good range of motion. X-rays on 07/18/2014 showed possible avulsion fracture of the inferior pole of the patella vs. loose body with moderate degenerative changes and possible patella tendon rupture. The diagnoses included pain left knee, severe osteoarthritis left knee. The MRI of 08/18/2014 showed a large joint effusion, multiple osteochondral loose bodies in the anterior joint space and marked denudation of the articular cartilage in the anterior knee compartment with marginal osteophyte formation and subcortical cystic change. The patellar tendon was intact as were the menisci and ligaments. The diagnoses included pain left knee, severe osteoarthritis left knee. Treatments to date have included injections, oral pain medications, and bracing. PR2 dated 12/5/14 noted the injured worker presents with left knee pain rated at "9 out of 10 that varies from sharp, dull and aching." A steroid injection in the left knee was made. The treating physician is requesting Synvisc left knee, Left total knee arthroplasty, 3 in 1 commode, front wheel walker, Home Health post-operative x 3 weeks, outpatient post-operative physical therapy 2 x 6 weeks, and preoperative medical clearance: laboratory studies, electrocardiogram and chest x-ray. On 12/23/14, Utilization Review non-certified a request for Synvisc left knee, Left total knee arthroplasty, 3 in 1 commode, front wheel walker, Home Health post-operative x 3 weeks, outpatient post-

operative physical therapy 2 x 6 weeks, and preoperative medical clearance: laboratory studies, electrocardiogram and chest x-ray. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Total Knee Arthroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Joint Replacement

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

Decision rationale: The ODG guidelines recommend knee replacement for osteoarthritis if the patient has undergone physical therapy and exercises to strengthen the musculature and has failed conservative measures. Documentation shows the patient has received a steroid injection but not enough followup time has occurred to evaluate the result. Documentation does not describe a physical therapy or exercise program. Thus the requested treatment: left total knee arthroplasty is not medically necessary and appropriate.

Synvisc Left 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 and Joint Chapter, Hyaluronic Acid Injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter-Synvisc (hylan)

Decision rationale: The ODG guidelines do recommend hyaluronic acid injections as an option in the treatment of osteoarthritis. The recommendations state that this should be given to those patients who have not responded to conservative treatment such as acetaminophen, NSAIDs and exercise. Documentation does not give evidence of how the patient has responded. The recommendation is for a series of three to five injections. Since these conditions have not been met, the requested treatment: Synvisc left knee is not medically necessary and appropriate.

3-in-1 Commode: 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.

Front wheel walker: 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 Home Health for 3 weeks: 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.

Outpatient Post-Operative Physical Therapy (12-sessions, 2 times a week for 6 weeks):
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 Medical Clearance: Labs, EKG, Chest X-ray: 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.