

Case Number:	CM15-0008506		
Date Assigned:	01/26/2015	Date of Injury:	06/16/2011
Decision Date:	03/30/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/14/2015

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: California

Certification(s)/Specialty: Orthopedic 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:

The injured worker is a 70 year old male, who sustained an industrial injury on June 16, 2011. The diagnoses have included bilateral knee strain/sprain, osteoarthritis, status post right knee arthroscopy and left total knee derangement. Treatment to date has included pain management. Currently, the injured worker complains of neck, lower back, bilateral shoulder/arms and bilateral knee pain. The injured worker reported the pain a 4 on a 10-point scale. The cervical spine had tenderness to palpation over the paraspinal muscles and there was a restricted range of motion. There was tenderness to palpation over the paraspinal muscles of the lumbar spine and the bilateral shoulders. The left knee had a grade 2 tenderness to palpation which had decreased from grade 3 at the last visit. Exam note 11/12/14 demonstrates mild right knee aching during the night. Medial and lateral left knee tenderness is noted with full range of motion and full strength. Positive findings include a McMurray's test and varus valgus test. A surgical evaluation revealed that the patellar tracking was abnormal and the patellar grind maneuver was positive. A popliteal cyst was absent and the hamstring tenderness was present. McMurray's test was positive; Drawer's test and Lachman Instability were negative. Instability test was negative. Strength was 5/5 in both knees. On December 29, 2014 Utilization Review non-certified a request for a left total knee arthroplasty, continuous passive motion machine and front-wheeled walker, noting that the injured worker did not report impaired functional capacity secondary to his chronic left knee pain, his range of motion was near full and the left knee strength was full. Because the requested surgery was not certified the request for continuous passive motion machine and front-wheeled walker was not certified. The California Medical Treatment

Utilization Schedule and the Official Disability Guidelines were cited. On January 14, 2015, the injured worker submitted an application for IMR for review of left total knee arthroplasty, continuous passive motion machine and front-wheeled walker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Front Wheeled 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.

Continuous Passive Motion Machine: 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.

Left Total Knee Arthroplasty: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of total knee replacement. According to the Official Disability Guidelines regarding Knee arthroplasty: Criteria for knee joint replacement which includes conservative care with subjective findings including limited range of motion less than 90 degrees. In addition the patient should have a BMI of less than 35 and be older than 50 years of age. There must also be findings on standing radiographs of significant loss of chondral clear space. The clinical information submitted demonstrates insufficient evidence to support a knee arthroplasty in this patient. There is no documentation from the exam notes from 11/12/14 of increased pain with initiation of activity or weight bearing. There are no records in the chart documenting when physical therapy began or how many visits were attempted. There is no evidence in the cited examination notes of limited range

of motion less than 90 degrees. There is no formal weight bearing radiographic report of degree of osteoarthritis. Therefore the guideline criteria have not been met and the determination is for non-certification.