

Case Number:	CM15-0100963		
Date Assigned:	06/03/2015	Date of Injury:	02/21/2014
Decision Date:	08/28/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/27/2015

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 was diagnosed as having left knee sprain and strain of unspecified site of knee and leg. Treatment to date has included medication, physical therapy, and injection and computed tomography. There was no improvement from physical therapy or the injection. On 12/19/2014, the worker's left knee gave way and she fell, striking her head on her dresser. She has had Orthovisc series in December 2014 which helped. She has Hepatitis C and stopped her pain medications. She is receiving treatment for the Hepatitis C and has since begun taking Tramadol which is somewhat helpful for the pain. Currently, the injured worker complains of left knee pain. There is moderate lower extremity edema from liver failure with no effusion. The skin is intact. There is mild diffuse tenderness to palpation worse medial patella and plica. On the range of motion, the flexion is 105 degrees, extension is zero, she is stable to Varus and Valgus stress, has a negative Anterior Drawer, Lachman, and Pivot Shift tests, and she has pain with hyper flexion of the knee. McMurray's test was not testable. Requests for authorization are made for the following: 1) Left knee patellofemoral arthroplasty; 2) Associated surgical service: assistant surgeon; 3) Associated surgical service: medical clearance to include labs (CHEM 7, Complete Blood Count (CBC), Urinalysis (UA), Electrocardiography (EKG)); 4) Associated surgical service: crutches; 5) Associated surgical service: cold therapy, rental for 7 days; and 5) Post-op physical therapy times 12 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee patellofemoral arthroplasty: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute Online Official Disability Guidelines - Treatment in Workers' Comp Integrated Treatment/Disability Duration Guidelines (ODG), Knee & Leg (Acute & Chronic); Journal of the American Academy of Orthopaedic surgeons, 2007.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bibliography Akhbari P, Malak T, Dawson-Bowling S, East D, Miles K, Butler-Manuel PA. The Avon Patellofemoral Joint Replacement: Mid-Term Prospective Results from an Independent Centre. Clin Orthop Surg. 2015 Jun;7(2):171-6.

Decision rationale: CA MTUS/ACOEM and ODG are silent on patellofemoral Arthroplasty. Alternative guidelines were thus sought. A review of the peer literature demonstrates insufficient high quality evidence to permit conclusions regarding patellofemoral arthroplasty for isolated patellofemoral osteoarthritis. The majority of the clinical reports are isolated to cases series and not high quality randomized controlled trials or cohorts. Akhbari et al in 2015 reported on a case series of 57 patients followed for 5 years and reported good functional outcomes in medium term results. Hoogervorst reported on 24 patients with a mean follow up of 9.7 years and demonstrated a 21 percent conversion rate from patellofemoral arthroplasty to total knee. Odumenya et al in 2010 reported on a case series of 32 patients who underwent 50 patellofemoral replacements with a mean follow up of 5.3 years and demonstrates satisfactory outcome in the medium term. In summary, there is insufficient evidence to permit conclusions on net health outcomes in the absence of well-designed and executed randomized controlled trials with adequate follow-up regarding patellofemoral arthroplasty. Therefore the request is not medically necessary.

Associated surgical service: assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS National Physician Fee Schedule Relative Value File Online 2013/2014 (Released 11/25/2013).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.aaos.org/about/papers/position/1120.asp>.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: medical clearance to include labs: CHEM 7: 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), Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Low back, Preoperative testing.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: 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 base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Knee chapter, Walking aids.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: cold therapy rental for 7 days: 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 base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Knee and Leg, Continuous flow cryotherapy.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-op physical therapy times 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: medical clearance to include labs: Complete Blood Count (CBC): 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), Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Low back, Preoperative testing.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: medical clearance to include labs: Urinalysis (UA): 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), Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Low back, Preoperative testing.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: medical clearance to include Electrocardiography (EKG): 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), Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Low back, Preoperative testing.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.