MAXIMUS Federal Services

Case Number:	CM15-0016799		
Date Assigned:	02/05/2015	Date of Injury:	07/28/2011
Decision Date:	04/09/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/29/2015

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: Illinois, California, Texas
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 59-year-old male who sustained an industrial injury on 7/28/11. Injury occurred when he was lifting a bookcase, weighing approximately 80 pounds, from a pallet and stepped on the edge of the pallet. His right knee gave out and he fell to the right side, hitting his knee against the concrete. Past medical history was positive for gout, hypertension, and gastric issues. The 8/25/11 right knee MRI impression documented a medial meniscus tear, mild to moderate osteoarthritic change of the knee joint, knee joint effusion, popliteal cyst, medial tibial plateau bone bruise/contusion, and bone cyst/erosions of the lateral tibial plateau and fibula. He underwent right knee arthroscopy on 12/6/11. X-rays of the bilateral knees on 8/1/14 revealed moderate medial compartment joint space narrowing and moderate tricompartmental degenerative changes bilaterally. The 12/10/14 orthopedic report cited right knee pain and clicking. The injured worker felt the knee was getting weaker and may give out on him. He was not able to do most activities of daily living comfortably. He was bike riding for exercise. Physical exam documented body mass index 27.47. Right knee exam documented a 15-degree varus deformity, mild quadriceps atrophy, and a slow gait with a limp. There was medial joint line tenderness, crepitus on range of motion, range of motion 0-120 degrees, no instability and normal strength and sensation. The diagnosis was knee osteoarthritis. The treatment plan indicated that the patient had advanced osteoarthritis and had found no lasting improvement from a recent series of Hyaluronic acid injections. A total knee replacement was recommended. On 12/30/14, Utilization Review non-certified the request for a right knee replacement and cited was MTUS and Official Disability Guidelines. The rationale for non-certification included an

absence of imaging evidence of osteoarthritis, and absence of documentation of failed conservative treatment. As the surgery was non-certified, the associated surgical requests for the medical clearance, postoperative physical therapy twice a week for 6 weeks for the right knee and the type and cross were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee replacement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The California MTUS does not provide recommendations for total knee arthroplasty. The Official Disability Guidelines recommend total knee replacement when surgical indications are met. Specific criteria for knee joint replacement include exercise and medications or injections, limited range of motion (< 90 degrees), nighttime joint pain, no pain relief with conservative care, documentation of functional limitations, age greater than 50 years, and a body mass index (BMI) less than 40. Guidelines require imaging clinical findings of osteoarthritis on standing x-ray (documenting significant loss of chondral clear space in at least one of the three compartments, with varus or valgus deformity an indication with additional strength), or on previous arthroscopy (documenting advanced chondral erosion or exposed bone, especially if bipolar chondral defects are noted).Guideline criteria have not been fully met. The patient presents with persistent right knee pain and clicking. There is no documentation of nighttime joint pain and range of motion is not less than 90 degrees. Activities of daily living are reported as uncomfortable, but there is no documentation of medication use. There is moderate tricompartmental osteoarthritis noted on the 8/1/14 progress report but standing x-rays were not documented. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial, beyond the recent hyaluronic acid injections, and failure has not been submitted. Therefore, this request is not medically necessary.

Postoperative physical therapy twice a week for six weeks for the right knee: 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: As the surgical request is not supported, this request is not medically necessary.

Medical clearance: 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 Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Type and cross: 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 Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012 Mar; 116(3):522-38.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.