

Case Number:	CM15-0136390		
Date Assigned:	07/27/2015	Date of Injury:	11/13/2013
Decision Date:	08/25/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/14/2015

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, Oregon, Washington
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 40 year old female, who sustained an industrial injury on November 13, 2013. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having tear of medial cartilage or meniscus of knee and aftercare following surgery of musculoskeletal system. Treatment to date has included diagnostic studies, surgery, brace and medications. On July 9, 2015, the injured worker complained of constant left knee pain rated as an 8 on a 0-10 pain scale. She reported difficulty with ambulating. Physical examination of the left knee revealed tenderness of left peripatellar and medial joint line and limited range of motion. The treatment plan included medications, diagnostic studies and left knee surgery. On June 22, 2015, Utilization Review non-certified the request for high tibial valgus osteotomy left knee, citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

High tibial valgus osteotomy 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 Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg section and Other Medical Treatment Guidelines High Tibial Osteotomy John M. Wright, MD, Heber C. Crockett, MD, Daniel P. Slawski, MD, Mike W. Madsen, MD, and Russell E. Windsor, MD J Am Acad Orthop Surg 2005; 13: 279-289.

Decision rationale: CA MTUS/ACOEM is silent on the issue of high tibial osteotomy. A high tibial osteotomy is one alternative to a unicompartmental knee replacement. According to the ODG Knee and Leg section, unicompartmental knee replacement is an option if one compartment is involved. Guideline criteria for knee arthroplasty includes conservative care consisting of supervised therapy or home exercise program and medications, plus documentation of limited range of motion. In addition, complaints of night joint pain, no pain relief with conservative care and documentation of current functional limitations when the patient is over 50 years of age with a body mass index of less than 35. In addition there must be documentation of significant loss of chondral clear space in at least 1 of 3 compartments. 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. Additionally plain radiographs from 11/18/2013 show that the alignment of the knee is normal without varus or valgus malalignment. A high-tibial osteotomy is indicated when there is "isolated medial compartment degenerative joint disease with associated varus tibiofemoral malalignment." (High Tibial Osteotomy John M. Wright, MD, Heber C. Crockett, MD, Daniel P. Slawski, MD, Mike W. Madsen, MD, and Russell E. Windsor, MD J Am Acad Orthop Surg 2005; 13: 279-289). As this patient does not have a varus malalignment of the knee a high tibial osteotomy is not indicated and is not medically necessary.