

<b>Case Number:</b>	CM15-0138433		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	09/19/2012
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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:

This injured worker is a 60-year-old male who sustained an industrial injury on 9/19/12. Injury occurred while he was working in the kitchen and experienced sudden pain with a twisting motion. He underwent right knee arthroscopy, partial medial and lateral meniscectomy, chondroplasty of the medial femoral condyle, excision of plica, and chondroplasty of the patella on 1/10/13. The 1/21/14 left knee MRI impression documented moderate medial compartment osteoarthritis including complex tearing of the medial meniscal posterior horn and body and foci of osteochondral injury at the posterior meniscal aspect of the medial femoral condyle and mid peripheral portion of the medial tibial plateau. There was a horizontal tear violating the free edge of the lateral meniscal anterior horn-body junction, high grade and full thickness cartilage loss scatter about the inferior half of the patella with chondral thinning at the medial femoral trochlea, and small joint effusion. The 5/14/14 left knee CT scan impression documented moderate medial and mild to moderate patellofemoral compartment osteoarthritis with focal subchondral insufficiency fracture at the mid peripheral medial tibial plateau. The 1/28/15 treating physician report indicated that the patient had persistent bilateral knee pain. He had been cleared for approved bilateral partial knee replacements. Vital signs documented body mass index less than 35. Bilateral knee exam documented medial joint line tenderness with crepitus in range of motion and no gross ligamentous instability. The diagnosis was bilateral medial compartment osteoarthritis. The injured worker underwent right knee unicompartmental replacement of the medial and patellofemoral compartments, partial lateral meniscectomy, and lateral femoral condyle microfracture on 2/26/15. The 5/5/15 physical therapy chart note indicated that the injured

worker had attended 11/12 sessions including bike, and step up/down and squatting exercise. The 5/20/15 treating physician report cited grade 5/10 persistent knee pain, worse with prolonged standing or stairs and better with sitting or lying down. The injured worker was off work. Authorization was requested for left knee partial replacement, assistant surgeon, and post-op physical therapy 2 times per week for 8 weeks. The 6/16/15 utilization review non-certified the request for left partial knee replacement as there was no detailed documentation of physical therapy for the left knee, significant loss of range of motion, or nighttime pain. The 6/19/15 treating physician report note stated that the injured worker needed a left partial knee replacement and an assistant was needed due to the difficulty of surgery. The 7/1/15 treating physician report cited worsening left knee pain. Conservative treatment included anti-inflammatory medication, activity modification, and physical therapy.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Left knee partial replacement:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), knee and leg, knee joint replacement, indications for surgery.

**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 knee arthroplasty. The Official Disability Guidelines recommend knee joint replacement when surgical indications are met. If only one compartment is affected, a unicompartmental or partial replacement may be considered. If 2 of the 3 compartments are affected, a total joint replacement is indicated. Specific criteria for knee joint replacement include exercise and medications or injections, limited range of motion (< 90 degrees), night-time joint pain, no pain relief with conservative care, documentation of functional limitations, age greater than 50 years, a body mass index (BMI) less than 40, and imaging findings of osteoarthritis. Guideline criteria have been met. This injured worker presents with persistent left knee pain and functional limitations precluding return to full duty work. Clinical exam findings are consistent with imaging evidence of left knee osteoarthritis, worse in the medial compartment. Body mass index is less than 35. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

**Associated surgical services: Assistant surgeon:** Overturned

**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, surgical assistant.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid services, Physician Fee Schedule: Assistant Surgeons, <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>.

**Decision rationale:** The California MTUS guidelines do not address the appropriateness of assistant surgeons. The Center for Medicare and Medicaid Services (CMS) provide direction relative to the typical medical necessity of assistant surgeons. The Centers for Medicare & Medicaid Services (CMS) has revised the list of surgical procedures which are eligible for assistant-at-surgery. The procedure codes with a 0 under the assistant surgeon heading imply that an assistant is not necessary; however, procedure codes with a 1 or 2 implies that an assistant is usually necessary. For this requested surgery, CPT code 27446, there is a "2" in the assistant surgeon column. Therefore, based on the stated guideline and the complexity of the procedure, this request is medically necessary.

**Associated surgical services: Post-op physical therapy 2 times a week x 8 weeks, left knee:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

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

**Decision rationale:** The California MTUS Post-Surgical Treatment Guidelines for knee arthroplasty suggest a general course of 24 post-operative visits over 10 weeks during the 4-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. This is the initial request for post-operative physical therapy and, although it exceeds recommendations for initial care, is within the recommended general course. Therefore, this request is medically necessary.