

Case Number:	CM15-0164881		
Date Assigned:	09/02/2015	Date of Injury:	11/13/1988
Decision Date:	10/21/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/21/2015

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, Indiana, Oregon
 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 61-year-old male with an industrial injury dated 11-13-1988. His diagnosis was left knee severe osteoarthritis. Prior treatment included Synvisc one injections, arthroscopic debridement and cortisone injections. He presents on 02-05-2015 for follow up care of his right knee. He was having pain located over the medial aspect of the knee. Physical exam noted right antalgic gait with diffuse tenderness to palpation. McMurray's test was positive. He was diagnosed with right knee severe osteoarthritis and right knee medial and lateral meniscus tears. The provider recommended a right knee arthroscopic partial medial and partial lateral meniscectomy and chondroplasty. He presents on 04-16-2015 with complaints of longstanding left knee pain. The provider documented the injured worker had been told he needed a knee replacement. The provider also documented review of x-rays from January 2015 revealed severe medial compartment bone-on-bone osteoarthritis and moderate joint space narrowing and moderate severe osteophyte formation of the patellofemoral articulation. He presents on 05-07-2015 for follow up care of his left knee with complaints of severe pain in the left knee and would like to proceed with a left total knee arthroplasty. He presented on 05-21-2015 with continued left knee pain. He was post Synvisc injection. The provider documents "he is going to need knee replacement to fix this." The treatment request is for: Right Knee Arthroscopy with Partial Medial and Lateral Meniscectomy and Chondroplasty; Post-Operative Physical Therapy for the Right Knee for 1 Month; Post-Operative Physical Therapy for the Left Knee for 3 Months; and Left Total Knee Arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Total Knee Arthroplasty: 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 Chapter, Online Edition, Knee joint replacement.

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 Chapter.

Decision rationale: The CA MTUS/ACOEM Guidelines are silent on the issue of total knee replacement. According to the Official Disability Guidelines regarding Knee arthroplasty: Criteria for knee joint replacement that 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. In this case, the BMI is not provided. Therefore, the request is not medically necessary.

Post-Operative Physical Therapy for the Left Knee for 3-months: 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.

Right Knee Arthroscopy with Partial Medial and Lateral Meniscectomy and Chondroplasty: 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 Chapter, Online Edition, Indications for surgery - Meniscectomy.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter.

Decision rationale: The CA MTUS/ACOEM Guidelines states that arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear symptoms other than simply pain (locking, popping, giving way, recurrent effusion). According to ODG Knee and Leg section, Meniscectomy section, states indications for arthroscopy and meniscectomy include attempt at physical therapy and subjective clinical findings, which correlate with objective examination and MRI. In this case, the exam notes do not demonstrate evidence of adequate course of physical therapy or other conservative measures. In addition, there is lack of evidence in the cited records of meniscal symptoms such as locking, popping, giving way or recurrent effusion. Therefore, the request is not medically necessary.

Post-Operative Physical Therapy for the Right Knee for 1-month: 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.