

Case Number:	CM15-0184249		
Date Assigned:	09/24/2015	Date of Injury:	11/17/2012
Decision Date:	10/30/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/18/2015

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 62 year old male, who sustained an industrial injury on 11-17-12. The injured worker was diagnosed as having left knee medial compartment osteoarthritis. Treatment to date has included left knee injection (7-20-15); medications (cardiovascular). Diagnostics studies included MRI left knee (3-21-15); X-ray Left knee (7-20-15). Currently, the PR-2 notes dated 7-20-15 indicated the injured worker complains of ongoing left knee pain for "quite some time". The provider reports the injured worker had an MRI of the left knee that is concerning for osteoarthritis of the medial compartment. The injured worker reported that he has been doing well since this RIGHT knee unicompartmental arthroplasty (no date). The provider documents "He states that it is his left knee that is limiting him now, and he has taken some falls over the last several months. He has difficulty when going up and down stairs and getting up from a sitting position." Objectives as documented by the provider stating "Upon examination of the left knee, there is no swelling, no effusion noted. He has good range of motion including -3 degrees extension, 110 degrees of flexion with discomfort upon extremes. He can rise and ambulate with an antalgic gait pattern to the left knee. He has tenderness to palpation to the medial and anteromedial joint line." The provider documents "Imaging studies taken today of the left knee basic x-rays consistent with moderate to moderately-severe joint space narrowing of the medial compartment with osteophyte formation noted. The lateral compartment is well preserved." The provider diagnosed the injured worker with "Left knee medial compartment osteoarthritis" and his treatment plan included a left knee steroid injection using lidocaine, bupivacaine and Kenalog. He notes he is submitting the surgical request for a left knee unicompartmental

arthroplasty. A MRI of the left knee report is dated 3-21-15 and submitted for review documents "Impression: 1) Interval slightly more prominent complex tear of posterior horn of medial meniscus with radial and horizontal components near posterior meniscal root, and mild medial meniscus extrusion. 2) Significant chondromalacia at the medial femoral compartment with full thickness articular cartilage loss off the medial femoral condyle measuring 1.2cm; unchanged to more prominent since prior study. Subchondral edema and cystic changes at the medial tibial plateau. 3) Mild degenerative signal anterior cruciate ligament." A PR-2 dated 5-6-15 indicated the injured worker returned for a follow-up of the left knee injury. He was last seen for the left knee pain on 7-28-14. The provider documents the injured worker "has knee pain especially when walking downhill. He has intermittent swelling of the knee and instability due to sudden knee pain. There was no definite ligamentous pathology seen on the MRI. The knee is tender all over according to him and can intermittently lock." On physical examination, the provider documents No apparent distress with a somewhat gimping gait. No edema or calf-popliteal-thigh tenderness. The left knee did not have any definite effusion. There was a 1-2+ - 4 tenderness over the medial joint and at the inferior patellar margins. Range of motion was 0-140 degrees with pain at end range of flexion. PR-2 notes dated 6-4-15 document "He has an AME done 1-16-15 (no report submitted). The examiner recommended partial or total left knee replacement depending on the results of the left knee MRI that was done on 3-21-15." The provider notes there was no change in condition of the left knee over the past month. He continues to have global tenderness of the knee and intermittent locking. The provider lists his current medications as: losartan 100mg daily, atorvastatin 10mg daily and fish oil. Physical examination only notes "No apparent distress with a gimping gait." A Request for Authorization is dated 9-18-15. A Utilization Review letter is dated 8-31-15 and non-certification was for a Left Knee Unicompartimental Arthroplasty and Assistant Surgeon. Utilization Review denied the requested treatment for not meeting the ODG Guidelines stating: "Based upon the medical records provided and per ODG treatment guidelines, the requested left knee unicompartimental arthroplasty 27446 and assistant surgeon are not medically necessary. ODG guidelines require conservative care to include exercise therapy and medication use. There is no documentation provided of prior therapy or medication use. Additionally, there must be subjective complaints to include limited range of motion and nighttime pain. Therefore, this request is not medically necessary." A request for authorization has been received for a Left Knee Unicompartimental Arthroplasty and Assistant Surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Unicompartimental Arthroplasty: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, 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 section, unicompartimental knee replacement.

Decision rationale: CA MTUS/ACOEM is silent on the issue of 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. In this case the cited exam notes from 7/28/14 demonstrates range of motion from 0-140. 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 not medically necessary.

Assistant Surgeon: 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.