

Case Number:	CM15-0185911		
Date Assigned:	09/28/2015	Date of Injury:	07/23/2010
Decision Date:	12/02/2015	UR Denial Date:	09/12/2015
Priority:	Standard	Application Received:	09/21/2015

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: 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 66-year-old male who sustained an industrial injury on 7/20/10. Injury occurred when he twisted his left knee running back to his "cube" at work. He underwent partial medial meniscectomy on 11/22/10 and left total knee arthroplasty on 5/31/12. The 1/15/14 treating physician report stated the injured worker reported some improvement with surgery but felt more left knee instability and pain. The 7/1/15 orthopedic evaluation documented severe left knee pain with stiffness. He had difficulty walking and ambulated with an antalgic gait. Physical exam documented a healed mid-line incision, 1+ effusion, range of motion -5 to 90 degrees, and grossly normal ligamentous exam. The diagnosis was failed left knee replacement. The treatment plan recommended left knee AP and lateral x-rays. The 7/17/15 left knee x-rays documented status post total knee replacement with the components well-positioned and no evidence of loosening or infection. The 8/25/15 orthopedic report cited severe left knee pain. X-rays showed satisfactory position of the total knee replacement without evidence of obvious loosening. Physical exam documented diffuse anterior left knee tenderness, and slight patellofemoral crepitus throughout range of motion. Range of motion was 0-90 degrees. He ambulated with an antalgic gait. The diagnosis was painful left total knee replacement. Authorization requested for arthroscopic evaluation, lysis of adhesion and debridement of left total knee replacement, post-op physical therapy 3x4, and post-operative medications including Tramadol 50 mg #60, Norco 10/325 mg #60, Keflex 500 mg #28, Anaprox 550 mg #60, and Tramadol HCL ER 150 mg. The 9/11/15 utilization review non-certified the arthroscopic evaluation, lysis of adhesion and

debridement of left total knee replacement and associated post-op requests as the extent of recent conservative treatment is unclear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left total knee replacement, arthroscopy, lysis of adhesion and debridement: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: The California MTUS guidelines state that surgical consideration may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. The Official Disability Guidelines recommend diagnostic arthroscopy when clinical indications are met. Indications include medications or physical therapy, plus pain and functional limitations despite conservative treatment, and imaging is inconclusive. Guideline criteria have not been met. This injured worker presents with left knee pain status post total knee replacement. Functional difficulty was noted with ambulation. Clinical exam findings documented limited range of motion, anterior tenderness, and slight patellofemoral crepitus. There was no radiographic evidence of any obvious loosening or infection. There is no documentation of a recent imaging (MRI or CT scan) given the equivocal radiographs. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol, including medications and/or physical therapy, trial and failure has not been submitted. Therefore, this request is not medically necessary at this time.

Post-operative Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list.

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

Post-operative Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list.

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

Post-op physical therapy 3 x 4 for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

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

Post-op Keflex 500mg #28: Upheld

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

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Summary.

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

Post-op Anaprox 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

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

Post-op Tramadol HCL ER 150mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list.

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