MAXIMUS Federal Services

Case Number:	CM15-0186867		
Date Assigned:	09/28/2015	Date of Injury:	02/07/2013
Decision Date:	11/03/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/22/2015

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:

This injured worker is a 48 year old female who reported an industrial injury on 2-7-2013. Her diagnoses, and or impressions, were noted to include: contusion of right knee; right knee or leg sprain-strain; disorder of bone or cartilage; significant progressive degenerative changes in the right knee (as per bone scan on 7-8-2015); and chronic regional pain syndrome. Recent magnetic imaging studies of the right knee were done on 5-15-2015, noting mild changes of medial compartmental osteoarthritis by chondromalacia, associated with compartmental joint space narrowing; and a 3-phase whole body bone scan was performed on 7-8-2015, noting no acute etiology of left knee pain. Her treatments were noted to include: a qualified medical re-evaluation (QME) on 3-23-2015; activity modification; use of crutches and a knee brace; medication management; and modified work duties. The progress notes of 4-21-2015 reported a physician team conference insurance company inquiry-QME review; that she was in a cumbersome brace and using crutches; was debilitated; and recommendation, from 12-5-2014, for a uni-compartmental replacement; and a request for orthopedic consultation. The pre-operative encounter notes of 8-27-2015 noted a follow-up visit, and that she had to re-schedule her surgery until October; that she was very concerned about having the next procedure; a discussion of treatment options with diagnostic and or therapeutic arthroscopy and possible uni-compartmental knee replacement, to be done at the same setting if intra-operative findings indicated the need. The Request for Authorization for possible uni-compartmental knee replacement with diagnostic scope and an inpatient stay was not noted in the medical records

provided. The Utilization Review of 9-16-2015 non-certified the requests for possible uni-compartmental knee replacement with diagnostic scope and an inpatient stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Diagnostic Scope: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, unicompartmental knee replacement.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Possible Unicompartmental Knee Replacement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery - Knee arthroplasty and on the Non-MTUS AAOS Clinical Guidelines on Osteoarthritis of the knee.

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, unicompartmental 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 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 not medically necessary.

Associated surgical service: Inpatient Stay (unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, unicompartmental knee replacement.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.