MAXIMUS Federal Services

Case Number:	CM15-0189779		
Date Assigned:	10/02/2015	Date of Injury:	05/19/2012
Decision Date:	11/13/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/25/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old female, who sustained an industrial injury on 05-19-2012. She has reported subsequent left knee pain and was diagnosed with grade 4 left knee chondromalacia status post left knee scope on 10-30-2014. MRI of the left knee dated 06-11-2014 was noted to show tear of the lateral meniscus with associated para meniscal cyst. X-ray of the left knee on 4-22-2015 was noted to show lateral compartment narrowing. Treatment to date has included pain medication, physical therapy and left knee Cortisone injections, which were noted to have failed to significantly relieve the pain. A 05-26-2015 progress note indicated that the injured worker reported increased left knee pain that was waking her at night. Objective findings showed positive crepitus and range of motion of 0-100 degrees. The physician noted that authorization was received for a series of 3 Synvisc injections. In a 06-23-2015 progress note the injured worker reported knee pain that was not rated in severity. Objective findings showed medial and lateral joint line tenderness. The first Synvisc injection was administered. A progress note on 07-07-2015 showed that the injured worker had continued knee pain but the degree of pain was not rated. Objective findings showed crepitus. A third Synvisc injection was administered and physical therapy of the left knee and standing x-rays of the left knee were requested. In a progress note dated 08-04-2015, the injured worker reported left knee pain with no relief from Synvisc. The pain was not rated in severity. Objective examination findings revealed positive patellofemoral compression test, range of motion of 0-120 degrees and manual muscle testing of 4 out of 5. The plan included referral to [redacted] for left total knee arthroplasty, physical therapy 3x4 and awaiting authorization for left knee standing x-rays. Work

status was documented as modified. A request for authorization of referral to total joint specialist for left total knee arthroplasty and physical therapy 3 x 4 was submitted. As per the 08-27-2015 utilization review, the aforementioned requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to total joint specialist for 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 (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 chapter, under Knee Joint Replacement.

Decision rationale: The patient presents on 09/22/15 with unrated knee pain. The patient's date of injury is 05/19/12. Patient is status post left knee diagnostic arthroscopy, synovectomy, partial meniscectomy, and chrondroplasty on 10/30/14. The request is for referral to total joint specialist for total knee arthroplasty. The RFA was not provided. Physical examination dated 09/22/15 reveals that the patient presents with an antalgic gait and utilizes a cane. The treater notes negative McMurray's sign, free range of motion without pain. The patient's current medication regimen is not provided. Patient is currently advised to return to work with modified duties. ODG Knee and Leg chapter, under Knee Joint Replacement has the following: Recommended as indicated below. Total hip and total knee arthroplasties are well accepted as reliable and suitable surgical procedures to return patients to function. The most common diagnosis is osteoarthritis. Overall, total knee arthroplasties were found to be quite effective in terms of improvement in health-related quality-of-life dimensions, with the occasional exception of the social dimension. Age was not found to be an obstacle to effective surgery, and men seemed to benefit more from the intervention than did women. Criteria for knee joint replacement (If only 1 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.): 1. Conservative Care: Exercise therapy (supervised PT and/or home rehab exercises). AND Medications. (unless contraindicated: NSAIDs OR Visco supplementation injections OR Steroid injection). Plus; 2. Subjective Clinical Findings: Limited range of motion (<90 for TKR). AND Nighttime joint pain. AND No pain relief with conservative care (as above) and Documentation of current functional limitations demonstrating necessity of intervention. Plus; 3. Objective Clinical Findings: Over 50 years of age and Body Mass Index of less than 40, where increased BMI poses elevated risks for post-op complications. Plus; 4. Imaging Clinical Findings: Osteoarthritis on: Standing x-ray (documenting significant loss of chondral clear space in at least one of the three compartments, with varus or valgus deformity an indication with additional strength). Or Previous arthroscopy (documenting advanced chondral erosion or exposed bone, especially if bipolar chondral defects are noted). In regard to the request for a left total knee replacement, this patient does not meet guideline criteria. ODG supports such surgical interventions provided several criteria are met, namely: the failure of conservative methods,

clinically significant subjective findings of joint degeneration/reduced range of motion, an age greater than 50 and BMI less than 40, and imaging which reveals significant loss of chondral clear space. In this case, the patient meets some, but not all the indications for such a procedure. The most recent progress note, dated 09/22/15 documents free range of motion without pain and negative McMurray's sign in the left knee. An X-ray of the left knee dated 04/22/15 also has the following: "There is minimal narrowing of the lateral tibiofemoral compartment accompanied by very mild juxta articular spur formation. The patellofemoral recess is normal. Posterior patellar margin is preserved. There is no joint space effusion." While this patient is greater than 50 years old and does not have an excessive BMI, the examination findings and diagnostic imaging does not satisfy ODG criteria for total knee replacement. There is no indication that all possible conservative treatment options have been exhausted, either. Therefore, the request is not medically necessary.

Physical therapy 3 x 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents on 09/22/15 with unrated knee pain. The patient's date of injury is 05/19/12. Patient is status post left knee diagnostic arthroscopy, synovectomy, partial meniscectomy, and chrondroplasty on 10/30/14. The request is for physical therapy 3x4. The RFA was not provided. Physical examination dated 09/22/15 reveals that the patient presents with an antalgic gait and utilizes a cane. The treater notes negative McMurray's sign, free range of motion without pain. The patient's current medication regimen is not provided. Patient is currently advised to return to work with modified duties. MTUS Guidelines, Physical Medicine Section, pages 98, 99 has the following: "recommended as indicated below. Allow for fading of treatment frequency -from up to 3 visits per week to 1 or less-, plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In regard to the 12 sessions of physical therapy sessions for this patient's ongoing left lower extremity complaint, the provider has exceeded guideline recommendations. There is no indication in the records provided that this patient has had any recent physical therapy directed at this condition. For chronic pain complaints, MTUS guidelines support 8-10 physical therapy treatments, the request for 12 exceeds these recommendations and cannot be substantiated. Therefore, the request is not medically necessary.