

Case Number:	CM15-0190480		
Date Assigned:	10/02/2015	Date of Injury:	03/22/2012
Decision Date:	12/14/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/28/2015

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: New York, Montana, California
 Certification(s)/Specialty: Neurological 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 54 year old male, who sustained an industrial injury on 3-22-12. The injured worker was diagnosed as having idiopathic chronic gout; left knee unilateral primary osteoarthritis. Treatment to date has included status post anterior cervical discectomy with fusion C5-6 (5-29-14); physical therapy; medications. Diagnostics studies included left knee X-rays (9- 2-15). Currently, the PR-2 notes dated 9-14-15 indicated the injured worker presented with left knee pain scheduled follow-up visit. The provider notes he continues to experience activity related pain in his left knee with symptoms described as dull, achy soreness. The injured worker reports that Kenalog injection into the left knee joint on 4-7-15 resulted in no relief of pain. The injured worker reports the pain is generalized and diffuse over the entire left knee a little worse on the medial side. His pain is worse with walking or prolonged standing activities, kneeling, squatting, ascending or descending stairs. His severity of pain is moderate to severe and mild to moderate. Other symptoms include swelling, recurrent effusions, popping, instability, and stiffness. The symptoms are gradually worsening. Prior treatment is listed by the provider as: activity modification, rest, NSAIDs, corticosteroid injections and sports rubs that all have not made any change in his symptoms. The injured worker denies having significantly increased low back pain, true locking episodes, left lower extremity weakness, left lower extremity numbness or tingling sensations. Inspection of the left knee is documented by the provider as: knee joint has a small effusion; palpation-mild tenderness is present at the medial joint line; range of motion is slightly decreased. Strength of the knee is slightly decreased; apprehension sign of patellar instability is negative; the quadriceps inhibition test is negative; the

McMurray's test equivocal due to active guarding; significant ligamentous laxity is not present. Gait: tandem walking; has a normal well-coordinated, tandem gait." The provider reviews left knee X-rays dated 9-2-15: "mild osteopenia is present knee joint. The knee joint is concentrically reduced. Severe end-stage degenerative joint space narrowing is present the joint space is bone-on-bone) marginally osteophyte formation is present and subchondral sclerosis is present; patella Tracking: the patella is tracking to the lateral side of the femoral trochlear groove and there is a mild lateral patellar tilt seen; medial compartment severe joint space narrowing is present; all other bony and soft tissue landmarks are otherwise unremarkable." A Request for Authorization is dated 9-25-15. A Utilization Review letter is dated 9-18-15 and non-certification was for Minimally invasive computer guided left Total Knee Arthroplasty; Inpatient hospital stay for two days; Assistant Surgeon; Cardiac Clearance; Post-op follow-up appointment and post-op left knee series X-rays. A request for authorization has been received for Minimally invasive computer guided left Total Knee Arthroplasty; Inpatient hospital stay for two days; Assistant Surgeon; Cardiac Clearance; Post-op follow-up appointment and post-op left knee series X-rays.

IMR ISSUES, DECISIONS AND RATIONALES

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

Minimally invasive computer guided 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) Indications for Surgery- Knee arthroplasty: Criteria for 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 replacement chapter-knee replacement.

Decision rationale: The ODG guidelines note that a unicompartmental knee arthroplasty can be considered if the patient has only unicompartmental knee disease. For the arthroplasty to meet guidelines he would have failed conservative treatment of home exercise, physical therapy, NSAIDs, and/or visco injections or steroids as well as show limited knee range of motion as well as symptoms of recurrent effusions, instability, popping, locking and stiffness. Documentation shows the patient doesn't meet these criteria. The requested treatment: Minimally invasive computer guided left Total Knee Arthroplasty is not medically necessary and appropriate.

Associated surgical services: Inpatient hospital stay for two days: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

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

Associated surgical services: Cardiac clearance: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post-op Follow-up appointment: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post-op left knee series X-rays: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.