

Case Number:	CM15-0192638		
Date Assigned:	10/06/2015	Date of Injury:	03/11/2014
Decision Date:	11/18/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/30/2015

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, Indiana, Oregon
 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 female, with a reported date of injury of 03-11-2014. The diagnoses include right knee arthritis and right knee sprain. Treatments and evaluation to date have included a right knee medial and lateral meniscectomy and lateral retinacular release on 08-20-2014. The diagnostic studies to date have not been included in the medical records provided. The progress report dated 08-25-2015 indicates that the injured worker had constant pain in the right knee, which was rated 8 out of 10. It was noted that the pain would break the injured worker's sleep. It was also noted that the injured worker had anxiety and depression over her uncertainty of her case. There were "no GI complaints." The objective findings include reduced range of motion of the right knee, and an antalgic gait. It was noted that on 08-03-2015, another treating physician recommended a right total knee replacement. The injured worker's status was noted as temporarily totally disabled. The medical report dated 08-03-2015 indicates that the injured worker complained of constant pain in the right knee. The objective findings include right knee range of motion 1-115 degrees; full symmetrical anterior to posterior stability; a small fluid wave in the right knee; manual motion of the right patella was uncomfortable; and crepitus present with active flexion and extension of the right knee. It was noted that an MRI of the knee on 02-11-2015 showed an injury of the lateral femorotibial compartment, meniscal tearing of the anterior horn and body segment in the lateral meniscus with possible injury to the anterior root ligament, associated bone contusions of the lateral femora condyle, moderate joint effusion without synovitis with an associated small non-leaking Baker's cyst, and mild distal patellar tendinosis with bony proliferative changes at the tibial tubercle. The treating physician stated

that "given the amount of degenerative arthritis in this knee and the history and findings on exam of an extremely irritable knee, I believe that this patient is going to be best served by proceeding to a knee replacement." The request for authorization was dated 08-25-2015. The treating physician requested a right total knee replacement with five associated services. On 09-01-2015, Utilization Review (UR) non-certified the request for a right total knee replacement with five associated services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right total knee replacement: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations, and Postsurgical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and leg chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

Decision rationale: CA MTUS/ACOEM is silent on the issue of total knee replacement. According to the Official Disability Guidelines regarding Knee arthroplasty: Criteria for knee joint replacement which includes conservative care with subjective findings including limited range of motion less than 90 degrees. In addition the patient should have a BMI of less than 35 and be older than 50 years of age. There must also be findings on standing radiographs of significant loss of chondral clear space. In this case, there is no clear radiographic evidence of significant chondral clear space loss in 2 of 3 compartments on standing radiographs. The request is not medically necessary.

Associated surgical service: Surgical assistant: 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.

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

Associated surgical service: Inpatient hospital stay 3-4 days stay: 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.

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

12 sessions of post op physical therapy: 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.

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

Post op care/RN weekly: 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.

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

Pre op lab studies prior to surgery: 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.

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