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| Case Number: | CM15-0195272 | | |
| Date Assigned: | 10/09/2015 | Date of Injury: | 11/12/2010 |
| Decision Date: | 11/20/2015 | UR Denial Date: | 09/23/2015 |
| Priority: | Standard | Application Received: | 10/05/2015 |

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:

The 63 year old female injured worker suffered an industrial injury on 11-12-2010. The diagnoses included end stage varus degenerative joint disease. On 5-20-2015 the provider noted the last cortisone injection (unknown date) helped bring the pain down a lot so it was tolerable. On 6-29-2015 the orthopedic consultant reported the injured worker had tried and failed medication, injections and physical therapy. He also reported the plain films: revealed right knee end stage varus degenerative joint diseases and recommended total knee replacement. On 7-14-2015 the provider reported he administered injection of Traumeel and Zeel to the right knee. On 7-30-2015 and 8-12-2015 a second and third injection Traumeel and Zeel was given to the right knee. Results of the injections were not included in the medical record. On 9-16-2015 the exam showed flex 60 and ext 15. Diagnostics included 3-6-2012 right knee magnetic resonance imaging revealing meniscal tear and mild patella chondromalacia. There were mild degenerative changes in the medial and lateral compartment of the right knee. The provider noted 3-9-2015 there were x-rays taken which showed right knee degenerative joint disease. The Utilization Review on 9-23-2015 determined non-certification for Right Total Knee replacement and Assistant Surgeon.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment, Integrated Treatment/Disability Duration Guidelines, Knee and Leg (Acute and Chronic).

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

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. The clinical information submitted demonstrates insufficient evidence to support a knee arthroplasty in this patient. There is no documentation from the exam notes from 6/29/15 of increased pain with initiation of activity or weight bearing. There are no records in the chart documenting when physical therapy began or how many visits were attempted. There is no evidence in the cited examination notes of this patient's BMI. 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.

Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment, Integrated Treatment/Disability Duration Guidelines, Knee and Leg (Acute and Chronic).

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.