

Case Number:	CM15-0200023		
Date Assigned:	10/15/2015	Date of Injury:	05/17/2012
Decision Date:	12/02/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/13/2015

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: Minnesota, Florida 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 48 year old male, who sustained an industrial injury on 5-17-2012. The injured worker was being treated for right knee pain. Medical records (7-13, 2015 and 8-25-2015) indicate ongoing instability of the right knee with the need of a brace. The physical exam (7-13, 2015 and 8-25-2015) reveals obvious posterior sag of the right tibia on femur, active right knee range of motion of 0-125 degrees, fair tone and bulk of the right quadriceps with improved vastus medialis obliquus (VMO) activation. Medical records (7-22-2015 and 7-30-2015) indicate increasing pain and ongoing instability of the right knee. In addition, there is mild swelling and giving out of the knee. The physical exam (8-30-2015) reveals moderate right knee swelling, ongoing tenderness of the medial and lateral joint lines, full flexion and extension, and a very positive drawer test and posterior sag. There is no collateral ligament instability. On 1-11-2015, an MRI of the right knee revealed an attenuated scarred and slightly kinked anterior cruciate ligament graft and an abnormally swollen heterogenous posterior cruciate ligament graft query graft impingement. There were partial meniscectomy changes medial and lateral with relatively limited chondromalacia and no bone stress response. There was scarring of the patellar tendon after the graft harvest and a shallow small cartilage defect at the patellar apex. Surgeries to date include a posterior cruciate ligament reconstruction with partial meniscectomies, chondroplasty, synovectomy, and tibialis allograft in 2013 and a right knee arthroscopy with partial medial and partial lateral meniscectomy, extensive debridement and removal of allograft, chondroplasty of the medial and lateral compartment with removal of patellar osteophyte, and complete synovectomy on 5-1-2015. Treatment has included postoperative physical therapy, Tramadol- acetaminophen, Naproxen, and Ibuprofen. Per the treating physician (7-30-2015 report), the injured worker is temporarily totally disabled.

On 9-3-2015, the requested treatments included a right total knee arthroplasty and a 3 day hospital length of stay. On 9-11-2015, the original utilization review non-certified requests for a right total knee arthroplasty and a 3 day hospital length of stay (LOS).

IMR ISSUES, DECISIONS AND RATIONALES

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

Right 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, Knee and Leg - Criteria for knee joint replacement.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Knee joint replacement.

Decision rationale: The injured worker is a 48-year-old male with a date of injury of 5/17/2012. He is status post failed posterior cruciate ligament reconstruction with persisting instability. In addition he is status post partial meniscectomy in 2012 and 2013. There is also a history of remote anterior cruciate ligament reconstruction. The available documentation indicates treatment with physical therapy, and a home exercise program and some improvement is documented. A request for a right total knee arthroplasty was noncertified on 8/11/2015 for absence of an appropriate diagnosis. A right knee arthroscopy of 5/1/2015 showed medial compartment chondromalacia and a follow-up note of 8/6/15 indicated improvement. A subsequent request for total knee arthroplasty dated 9/9/2015 was again noncertified for lack of sufficient information. ODG guidelines indicate a total knee arthroplasty in the presence of osteoarthritis involving at least 2 compartments with severe involvement of at least 1 compartment with varus or valgus deformity an indication of additional strength, conservative care including supervised exercise therapy and medications or Viscosupplementation or corticosteroid injections plus subjective clinical findings of limited range of motion and nighttime joint pain and no pain relief with conservative care and documentation of current functional limitations demonstrating necessity of intervention plus objective clinical findings of age over 50 and body mass index less than 40 plus imaging clinical findings of osteoarthritis on standing x-rays documenting significant loss of chondral clear space in at least one of the 3 compartments. In this case, standing x-rays have not been provided. The MRI report does not document severe osteoarthritis, and the progress notes show improvement with physical therapy. The guideline criteria have not been met and as such, the request for a total knee arthroplasty is not supported and the medical necessity of the request has not been substantiated.

Associated surgical service: Hospital length of stay (LOS) times 3 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg - Hospital length of stay (LOS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Knee joint replacement.

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Knee joint replacement.

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