MAXIMUS Federal Services

Case Number:	CM15-0211246		
Date Assigned:	10/30/2015	Date of Injury:	07/13/2013
Decision Date:	12/21/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/27/2015

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: Illinois, California, Texas
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:

This injured worker is a 64-year-old male who sustained an industrial injury on 7/13/13. Injury occurred when he was connecting trailers to his truck and was crushed between the two trailers. He underwent open reduction and internal fixation of the displaced left clavicular fracture on 8/13/13, left knee arthroscopic loose body removal with microfracture of the medial femoral condyle on 10/8/13, left shoulder manipulation under anesthesia on 12/10/13, and left shoulder arthroscopic subacromial decompression, capsule release, and lysis of adhesions on 12/10/13, and hardware removal left clavicle on 3/20/15. Records documented height and weight consistent with a body mass index of 21. The 11/25/14 left knee CT scan impression documented an osteochondral abnormality involving the lateral weight bearing surface of the medial femoral condyle measuring 19x20 mm with areas of subchondral sclerotic change and small subchondral cystic change. There was mild osteoarthritis of the medial femorotibial compartment with joint space narrowing and small marginal osteophyte formation. There was no significant joint effusion and no evidence of a calcified intra-articular body. The 6/30/15 left knee MRI impression documented a 1 cm articular cartilage defect of the central and lateral aspects of the medial femoral condyle. The defect in the cartilage extends nearly to the subchondral bone. There was no definite loose body seen. There was a horizontal tear of the mid-zone of the lateral meniscus communicating with a small intrameniscal cyst in the anterior horn. There was an irregular posterior cruciate ligament (PCL), possible prior PCL injury. The 7/1/15 AME (agreed medical examiner) re-evaluation report documented left knee pain unchanged. He reported persistent pain, giving way, locking, grinding, and clicking. Significant functional limitation was

documented in walking, sitting, and standing tolerances. He was able to slowly climb stairs and walk on uneven surfaces. He was taking anti-inflammatory and pain medications. Left knee exam documented palpable tenderness at the articular medial margin of the left patella and medial joint line. There was no instability. Active range of motion was documented as -10 to 90 degrees on the left and 2 to 135 degrees on the right. X-rays of the knees demonstrated that the medial and lateral joint compartments were maintained and standing views were within normal limits. The AME recommended left knee arthroscopic surgery. The 9/11/15 orthopedic report documented persistent left knee pain despite arthroscopic surgery, activity modification, bracing, medications, and injections. He had increased left knee pain and was unable to sit, stand or walk for too long without pain. He was using a brace and a cane. Physical exam documented antalgic gait, and tenderness to palpation over the medial joint line, with no other tenderness to palpation. Range of motion was 0-120 degrees and there was no varus, valgus, anterior, or posterior instability. As the surgical request is not supported, this request is not medically necessary. Left knee x-rays were performed and showed joint space narrowing of the medial compartment with a defect on the lateral aspect of the medial femoral condyle that appeared to involve the weight bearing surface. He had a significant cartilage defect on the medial femoral condyle correlated with arthroscopic images. He had failed conservative treatment and the best option would be an arthroplasty. Authorization was requested for a left medial unicompartmental knee arthroplasty and 2-3 day inpatient stay. The 9/21/15 utilization review non-certified the request for left medial unicompartmental knee arthroplasty and inpatient stay as there was no documentation of night time pain, significant limitation in range of motion, severe functional limitation, body mass index, or detailed evidence of failed conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left medial unicompartmental knee arthroplasty: Overturned

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Knee joint replacement, Indications for Surgery, Knee Arthroplasty.

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: Knee joint replacement.

Decision rationale: The California MTUS does not provide recommendations for partial knee arthroplasty. The Official Disability Guidelines recommend knee joint replacement when surgical indications are met. If only one compartment is affected, a unicompartmental or partial replacement may be considered. Specific criteria for knee joint replacement include exercise and medications or injections, limited range of motion (< 90 degrees), night-time joint pain, no pain relief with conservative care, documentation of functional limitations, age greater than 50 years, a body mass index (BMI) less than 40, and imaging findings of osteoarthritis. Guideline criteria have been met. This injured worker presents with persistent left knee pain and mechanical symptoms with significant functional impairment. Guidelines criteria were met relative to range of motion, pain, age, and body mass index. Failure of reasonable and/or comprehensive non-

operative treatment has been documented. There is imaging evidence consistent with osteo-arthritis. Therefore, this request is medically necessary.

Associated surgical services: Inpatient stay x 2-3 days: Overturned

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

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: Hospital length of stay (LOS).

Decision rationale: The California MTUS does not provide recommendations for hospital length of stay. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The recommended median and best practice target for total knee arthroplasty is 3 days. Guideline criteria have been met for inpatient length of stay up to 3 days. Therefore, this request is medically necessary.