

Case Number:	CM15-0216885		
Date Assigned:	11/06/2015	Date of Injury:	05/13/2014
Decision Date:	12/29/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/04/2015

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
 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 59-year-old male, who sustained an industrial injury on 05-13-2014. The injured worker was working regular duty as of 07-07-2015. Medical records indicated that the injured worker is undergoing treatment for osteoarthritis of knee, knee sprain, synovitis of the knee, and chronic internal derangement of knee. Treatment and diagnostics to date has included left knee surgery, injections, physical therapy, home exercise program, x-rays, and medications. Medications have included Aleve. Left knee x-ray report dated 01-27-2015 stated mild degenerative osteoarthritic changes and left knee MRI report dated 02-07-2015 stated tri-compartmental osteoarthritis, diffuse medial meniscus degeneration, mild patella tendinosis, small joint effusion with mild synovitis, mild mucoid degeneration of the cruciate ligaments, and moderate proximal medial collateral ligament scarring and degeneration. Subjective data (04-01- 2015 and 10-09-2015), included knee joint pain. Objective findings (10-09-2015) included no swelling, induration, erythema, warmth, or dislocation of the knee with "full range of motion", and tenderness on palpation and ambulation of the knee. The request for authorization dated 10- 20-2015 requested total left knee, preoperative physical, postoperative physical therapy x 12 visits, and postoperative pain medications (Norco or Percocet). The Utilization Review with a decision date of 10-26-2015 denied the request for left total knee arthroplasty and associated surgical services.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Guideline 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, Arthroplasty.

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 10/9/15 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 limited range of motion less than 90 degrees. There is no formal weight bearing radiographic demonstrating significant osteoarthritis. Therefore, the guideline criteria have not been met and the request is not medically necessary.

Pre-op physical: 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 physical therapy (x12): 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 Norco 10mg (#unspecified): 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 Percocet 10mg (#unspecified): 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.