

Case Number:	CM15-0221977		
Date Assigned:	11/17/2015	Date of Injury:	12/03/2014
Decision Date:	12/30/2015	UR Denial Date:	10/17/2015
Priority:	Standard	Application Received:	11/11/2015

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: Physical Medicine & Rehabilitation

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 is a 59 year old female with a date of injury on 12-3-14. A review of the medical record indicates that the injured worker is undergoing treatment for bilateral knee pain. Progress report dated 8-3-15 reports status post right knee arthroscopic partial medial and lateral meniscectomies and medial plica resection on 1-6-15 and status post left knee arthroscopic partial medial and lateral meniscectomy on 3-10-15. Overall she reports doing okay. She has not had physical therapy yet and the left knee is bothering her more than the right. Physical exam: review of systems, left knee with small effusion. Treatments include: medication, physical therapy, bilateral arthroscopic knee surgery. Request for authorization was made for 1 surgical consult only regarding left knee. Utilization review dated 10-17-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 surgical consult only regarding left knee: Overturned

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations.

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 chapter, under Knee Joint Replacement.

Decision rationale: The patient presents on 10/28/15 with pain in the lower back, right elbow, right hip, and bilateral knees. The patient's date of injury is 12/03/14. Patient is status post right knee arthroscopic medial and lateral meniscectomy on 01/06/15, and status post left knee medial and lateral meniscectomy on 03/10/15. The request is for 1 SURGICAL CONSULT ONLY REGARDING LEFT KNEE. The RFA was not provided. Physical examination dated 10/28/15 reveals decreased range of motion, swelling and increased warmth in the left knee, with medial/lateral joint line tenderness and pain elicitation upon patellar compression. The patient is currently prescribed Robaxin and Motrin. Patient is currently not working. ODG Knee and Leg chapter, under Knee Joint Replacement has the following: Recommended as indicated below. Total hip and total knee arthroplasties are well accepted as reliable and suitable surgical procedures to return patients to function. The most common diagnosis is osteoarthritis. Overall, total knee arthroplasties were found to be quite effective in terms of improvement in health-related quality-of-life dimensions, with the occasional exception of the social dimension. Age was not found to be an obstacle to effective surgery, and men seemed to benefit more from the intervention than did women. Criteria for knee joint replacement (if only 1 compartment is affected, a unicompartmental or partial replacement may be considered. If 2 of the 3 compartments are affected, a total joint replacement is indicated.): 1. Conservative Care: Exercise therapy (supervised PT and/or home rehab exercises) AND Medications (Unless contraindicated: NSAIDs OR Visco supplementation injections OR Steroid injection). PLUS, 2. Subjective Clinical Findings: Limited range of motion (<90 for TKR) AND Nighttime joint pain. AND No pain relief with conservative care (as above), AND Documentation of current functional limitations demonstrating necessity of intervention. PLUS, 3. Objective Clinical Findings: Over 50 years of age AND Body Mass Index of less than 40, where increased BMI poses elevated risks for post-op complications. PLUS, 4. Imaging Clinical Findings: Osteoarthritis on: Standing x-ray (documenting significant loss of chondral clear space in at least one of the three compartments, with varus or valgus deformity an indication with additional strength) OR Previous arthroscopy (documenting advanced chondral erosion or exposed bone, especially if bipolar chondral defects are noted). In this case, the provider is requesting a surgical consultation to evaluate this patient's potential for a left knee arthroplasty. Per progress note dated 10/28/15, the provider states: "Concerning the patient's left knee, she will obviously require additional medical care, including a left total knee replacement." ODG supports such surgical interventions provided several criteria are met, namely: the failure of conservative methods, clinically significant objective findings of joint degeneration/reduced range of motion, an age greater than 50 and BMI less than 40, and imaging which reveals significant loss of chondral clear space. Progress note dated 10/28/15 documents swelling, warmth, decreased range of motion, and tenderness to the medial and lateral joint lines of the left knee. An X-ray of the left knee dated 10/29/15 also has the following: "... narrowing of the medial joint space. The medial joint space about the left knee measures 3mm (compared with 5mm on the right)... with varying patellofemoral articulation..." This patient is greater than 50, and her BMI is less than 40. Per operative report dated 03/10/15, during this patient's most recent left knee arthroscopy also has the following: "There was near full-thickness chondral loss, focal with loose displaceable chondral flaps on the medial femoral condyle... grade II to grade III chondromalacia with loose displaceable chondral flaps... matching lesions along the trochlear groove, diffuse grade II to grade III chondromalacia..." Utilization review non-certified this request on grounds that this patient has not completed any post-operative physical therapy, though the documentation provided indicates that this patient has attended at least 8 PT sessions for her knee complaint post-operatively. Given this patient's continuing (and worsening) left

knee pain, radiographic evidence indicating a loss of chondral clear space, an operative report indicating grade II to III chondromalacia throughout the joint capsule, and the failure of conservative measures, a consultation for a knee arthroplasty is an appropriate measure. Therefore, the request IS medically necessary.