

Case Number:	CM15-0030511		
Date Assigned:	02/24/2015	Date of Injury:	12/04/2013
Decision Date:	05/01/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/18/2015

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, Sports Medicine

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 42-year-old female who reported injury on 12/04/2013. The mechanism of injury was a slip and fall. The injured worker was noted to have undergone an MRI of the left knee on 01/23/2014 which revealed no definite meniscal tear. There were postoperative changes of what appeared to be an MCL reconstruction. The MCL was markedly thickened but was intact. There were postoperative changes of the patella. There was marked thickening of the medial patellar ligament which appeared to be intact. There was chondromalacia of the patella with a question of cartilaginous flap formation new from the prior study. There was a small ganglion anterior to the distal fibers of the ACL that was unchanged. The injured worker underwent a subsequent MRI of the left knee on 11/17/2014 which revealed left patellar retinaculum was irregular with multiple areas of thinning. There was chondromalacia of patella and joint effusion. There was thickening/tendinosis involving the inferior aspect of the patellar tendon. The prior surgical intervention was an arthroscopy and proximal as well as distal patellar realignment. Prior therapies included physical therapy. The injured worker underwent an x-ray of the left knee on 05/30/2014 which revealed that the tibial tubercle fixation screws were in place. The location of the patella was physiologic. The injured worker did not have a patella alta. There were drill holes in the patella from the previous gracilis tendon transfer. There was no evidence of acute injury. There was a Request for Authorization Form submitted for review dated 02/10/2015. The documentation of 01/16/2015 revealed the injured worker complained of significant pain. The injured worker's knee was noted to be occasionally swollen. The injured worker was noted to have injections with no improvement. The documentation

indicated the injured worker underwent an MRI in 11/2014. The physical examination revealed significant crepitus, especially in the patellofemoral joint with range of motion. The injured worker had a positive patellar grind test. The documentation indicated the ligamentous examination was grossly intact for ACL, MCL and LCL. The injured worker had some mild swelling. The diagnoses included left knee pain with progressive arthritis. The documentation indicated the injured worker had an MRI in November which revealed severe chondromalacia of the patellofemoral joint and mild to moderate chondromalacia changes in the medial and lateral compartments. The treatment plan included a left total knee replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Total Knee Replacement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Knee joint replacement.

Decision rationale: The Official Disability Guidelines indicate that knee joint replacement is appropriate for injured workers who have documentation of a failure of conservative care including exercise therapy and medications plus documentation of limited range of motion of less than 90 degrees for a total knee replacement. There should be documentation of night time joint pain and no pain relief with conservative care and documentation of current functional limitations demonstrating the necessity for intervention. Additionally, there should be documentation the injured worker is over 50 and has a body mass index of less than 40. There should be documentation of osteoarthritis on standing x-rays or previous arthroscopy documenting advanced chondral erosion or exposed bone. The clinical documentation submitted for review indicated the injured worker had failed conservative care including physical therapy and injections. The injured worker was noted to have an MRI in 11/2014. The injured worker had a positive patellar grind test and crepitus. However, there was a lack of documentation of exceptional factors as the injured worker was not noted to be over 50 years of age. The injured worker's body mass index was not provided. There was a lack of documentation indicating the injured worker had a limited range of motion of less than 90 degrees and night time joint pain. There was a lack of documentation of current functional limitations demonstrating the necessity for intervention. Given the above, the request for left total knee replacement is not medically necessary.

Pre-Operative EKG: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-Operative Chest X-Ray: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-Operative Lab; Comprehensive Metabolic Panel: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-Operative Lab; Prothrombin Time: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-Operative Lab; PTT/INR: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: In-patient hospital stay x 3 days: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Surgical Assistant: 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 intervention is not supported by the documentation, the requested ancillary service is also not supported.

Associated surgical service: Cold Compression Unit with Compression Pad: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-Operative Home Health Aide x 6: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-Operative In-Home Physical Therapy x 6: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Lovenox 40mg #14: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.