

Case Number:	CM15-0032731		
Date Assigned:	02/26/2015	Date of Injury:	02/05/2010
Decision Date:	04/20/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/21/2015

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 46-year-old female who reported an injury on 02/05/2010. The mechanism of injury was pushing and stacking chairs. The injured worker had a history of an arthroscopy with partial medial meniscectomy and loose body removal on 07/28/2010. The injured worker was noted to subsequently undergo an osteochondral transfer from the lateral proximal trochlear when the initial microfracture did not succeed. The MRI of the left knee dated 10/16/2014 revealed findings indicating medial femoral condyle large osteochondral lesion with primarily subchondral degenerative changes with overlying cartilage surface irregularity and full thickness fissuring. There was lateral and patellofemoral joint space chondromalacia. The medial meniscus posterior horn was somewhat diminutive in appearance. Additionally, there was a large popliteal cyst and there was no evidence of discretely surfacing medial or lateral meniscus tears. The physician documentation of 02/02/2015 revealed complaints of bilateral knee pain, left worse than right. The injured worker was noted to experience right anterior pain as a compensatory injury and the pain in the right knee was located anteriorly but there were no problems with recurrent effusion, weakness, locking, or giving way of the knee. The injured worker was not using ambulatory aids. Tramadol was not effective. Ibuprofen failed. The physical examination of the left knee revealed mild tenderness diffusely. The injured worker's medications were noted to include tramadol 50 mg. Right knee range of motion was 0 to 120 degrees with patellofemoral and medial compartment crepitation and discomfort. The injured worker had no laxity or instability in the knee with negative Lachman's and pivot shift. The quadriceps and hamstrings strength were excellent. The examination of the right knee

revealed tenderness along the patellofemoral joint line, and less so along the medial femoral condyle. The lateral compartment was nontender. Knee range of motion was 0 to 120 degrees with moderate patellofemoral crepitation, which was uncomfortable. The 4 view examination of the left knee demonstrated subtle irregularity at the medial femoral condyle, subchondral bone, and early marginal spurring of the medial compartment with well preserved medial and lateral joint lines as well as patellofemoral joint and minute calcification of the popliteal region. The diagnoses included grade 4 chondromalacia in medial femoral condyle patellofemoral joint left knee, status post partial medial meniscectomy knee, bilateral chondromalacia patella, and bilateral knee pain. The treatment plan included permission for the right knee treatment and left knee arthroplasty. The request for authorization dated 02/03/2015 revealed there was a request for a total knee replacement of the left knee. The injured worker was to utilize Xarelto 30 tablets for postoperative anticoagulation. The injured worker was to have postoperative physical therapy, home health evaluation and safety check, home health physical therapy, preoperative cardiac clearance, preoperative laboratories and testing (including EKG, CBC, basic metabolic panel, chest x-ray, and urinalysis), crutches, a walker, and 2 Aquacel dressings. Additionally, the request was made for authorization for right knee treatment. The diagnoses included chondromalacia patella and joint pain, leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left total knee replacement, three night inpatient stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Knee Joint Replacement Section.

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, Hospital Length of Stay.

Decision rationale: The Official Disability Guidelines indicate the criteria for a knee joint replacement include there should be documentation of a failure of exercise therapy and medications, plus there should be limited range of motion of less than 90 degrees and night time joint pain and no pain relief with conservative care, and documentation of current functional limitations demonstrating a necessity for intervention. There should be documentation that the injured worker is over 50 years of age and has a body mass index of less than 40. There should be documentation of osteoarthritis on standing x-rays or previous arthroscopy. Additionally, they indicate the hospital length of stay for knee replacement is 3 days. The clinical documentation submitted for review failed to indicate the injured worker had a failure of conservative care. There was a lack of documentation of limited range of motion. The injured worker was not over 50 and there was a lack of documentation of a body mass of less than 40. There was a lack of documentation exceptional factors to warrant nonadherence to guideline recommendations. The knee replacement would not be supported and, therefore, the inpatient stay would not be supported. Given the above, and the lack of documentation of exceptional

factors, the request for a left total knee replacement, 3 night inpatient stay, is not medically necessary.

Pre-operative labs: CBC, BMP, UA: 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.

Related to surgery: 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.

Related to surgery: 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 cardiac clearance: 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.

Related to surgery: two AquaCell dressings: 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 crutches, walker: 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.

Related to surgery: Home health care: 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.

Related to surgery: Home health evaluation and safety check: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.*CharFormat

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.

Related to surgery: Home health physical therapy (unknown frequency/duration): 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.

Xarelto 10 mg, thirty count: 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.

Right knee treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Office visits.

Decision rationale: The Official Disability Guidelines indicate that office visits are recommended based on the injured worker's concerns, signs and symptoms, clinical stability, and physician judgment. The clinical documentation submitted for review indicated the injured worker had objective findings upon physical examination. However, the request as submitted was for treatment and the specific requested treatment was not provided. Given the above, the request for right knee treatment is not medically necessary.

Post-operative physical therapy for the left knee, twelve sessions: 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.