MAXIMUS Federal Services

Case Number:	CM15-0033813		
Date Assigned:	02/27/2015	Date of Injury:	10/22/1994
Decision Date:	04/14/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/23/2015

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: Minnesota, Florida
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 50-year-old right hand dominant female, who sustained a work / industrial injury on 10/22/94 when a table collapsed and fell on her knees while at work. She has reported symptoms of left knee pain, buckling, and swelling. Surgeries included arthroscopy with patellar debridement and realignment of the patellar tendon on the right knee, partial lateral meniscectomy and patellectomy, debridement of the trochlear, medial femoral condyle, post patellar area, partial medial meniscectomy, partial lateral meniscectomy, debridement of medial femoral condyle, and excision of synovial polyp of right knee. The diagnoses have included degenerative joint disease, Grade 4. Treatments to date included medication, surgery, therapy, and consultations. Diagnostics included Magnetic Resonance Imaging (MRI) of knee revealing tiny tear to the body of the medial meniscus, complete to portion of the proximal medial collateral ligament, mild to moderate sprain versus partial tear of the proximal anterior cruciate ligament. X-ray of the right knee revealed a degenerative spurs arising from intercondylar eminences and the medial tibial plateau., probable joint effusion is present in the soft tissues anterior to the knee are prominent, no fracture. A request was made for option of total knee replacement. On 2/12/15, Utilization Review non-certified Right knee arthroplasty quantity: 1.00; Associated surgical service: 3 day inpatient hospital stay, noting the Non- MTUS, ACOEM Guidelines and referencing the Official Disability Guidelines (ODG). The reason was the age and lack of documentation of recent non-operative care. Since that time additional information has been received.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right knee arthroplasty: 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).

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

Decision rationale: The injured worker is a 50-year-old female. Progress notes of February 3, 2015 document a history of 6 prior surgeries on the right knee. One of them was a total patellectomy may. The last arthroscopic procedure was done in 2013. Documentation indicates severe functional limitations with giving out of the leg on multiple occasions, constant pain and limitation of activities. There is a past history of complex regional pain syndrome. Examination revealed is slightly warm with good motion. She was able to fully extend the knee despite the absence of patella and had full passive flexion of the knee. Collateral ligaments were intact. Cruciate ligaments were intact. There was a moderate crepitus noted throughout the range of motion. Alignment was good. McMurray was positive in both the medial and lateral compartments. MRI scan of the right knee has revealed grade 4 degenerative joint disease of both the medial and lateral compartments. The records indicate that she has been treated maximally for conservative treatments which have been tried and failed. Therefore the provider is requesting a total knee arthroplasty. The utilization review decision indicates that the total knee arthroplasty request was noncertified as she was 49 years of age and there was no recent weeks or months trial of conservative treatment including physical therapy and a home exercise program with trial/failure. The recent documentation from the provider indicates that conservative treatment has been tried maximally. Her age is also 50, which is supported by the guidelines. Additional documentation from the provider is dated 3/17/2015. This indicates that after the last arthroscopy of 2013 she went through 12 assisted physical therapy treatments and has been on an exercise program for the past 2 years including treadmill, stretching, strengthening, etc. Despite the exercise program, her knee continues to give out frequently. She is unable to take nonsteroidal anti-inflammatories due to severe gastroesophageal reflux disease and intolerance. She is also unable to take steroids due to hypertension and response with migraines. She has grade 4 degenerative changes to both the medial and lateral compartments. ODG guidelines indicate a total knee arthroplasty after failure of conservative care including physical therapy and/or home rehabilitation exercises and medications, NSAIDs or Viscosupplementation or steroid injections plus subjective clinical findings of limited range of motion and nighttime joint pain and no pain relief with conservative care and documentation of current functional limitations plus objective clinical findings of age over 50 and body mass index less than 40 and imaging clinical findings of osteoarthritis in at least 2 compartments or previous arthroscopy documenting advanced chondral erosions or exposed bone. Based upon the information available at this time the guidelines criteria have been met and as such, the request for a total knee arthroplasty is supported and the medical necessity of the request has been substantiated.

Associated surgical service: 3 day inpatient hospital stay: 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).

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

Decision rationale: The requested 3-day length of in-patient hospital stay (best practice target) is appropriate and medically necessary per ODG guidelines for a knee replacement.