

Case Number:	CM15-0036498		
Date Assigned:	03/05/2015	Date of Injury:	04/09/2010
Decision Date:	04/09/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/26/2015

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: Illinois, California, Texas
 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 65-year-old male who sustained an industrial injury on 4/9/10 involving the low back and both knees. Past surgical history was positive for right knee arthroscopy in February 2007. Past medical history was positive for diabetes and hypertension. The 11/25/14 treating physician report cited chronic low back and bilateral knee pain. The patient was a candidate for knee replacement surgeries. Previously, his diabetes was sub-optimally controlled, and he wanted to avoid surgical intervention. Bilateral knee exam documented pain with knee flexion and extension, medial and lateral joint line tenderness, and patellar crepitus. The treatment plan recommended consultation for bilateral knee replacement evaluation. The 1/12/15 treating physician report indicated the injured worker was seen for radicular low back and bilateral knee pain. He was last seen in 2011. The last MRI to his knees was 3 years ago. He complained of difficulty ambulating, negotiating stairs, and instability. Physical exam documented positive McMurray testing, and patellar crepitus with range of motion. He had an altered gait and was limping. There were lumbar paravertebral muscle spasms and tenderness, with lower extremity dermatomal dysfunction. The diagnosis was knee contusion and knee tendonitis/bursitis. A right knee MRI was recommended and the patient probably will proceed with total knee replacement. On 2/9/15 Utilization Review non-certified the requests for orthopedic consult for bilateral knee replacement and MRI of the right knee. The rationale indicated that the patient had not been seen since 2011 and had not undergone any recent conservative treatment or had standing x-rays. The MTUS: ACOEM: Consultation and ODG:

Indications for Surgery- Knee Arthroplasty; ACOEM and ODG: Knee MRI respectively were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic consult for bilateral knee replacement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 127. Decision based on Non-MTUS Citation American Academy of Orthopaedic Surgeons (AAOS) Osteoarthritis of the Knee, Official Disability Guidelines (ODG) Indications for Surgery-Knee Arthroplasty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: Knee joint replacement.

Decision rationale: The California MTUS guidelines state that referral for surgical consultation is indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. The Official Disability Guidelines recommend total knee replacement when surgical indications are met. Specific criteria for knee joint replacement include exercise and medications or injections, limited range of motion (< 90 degrees), nighttime joint pain, no pain relief with conservative care, documentation of functional limitations, age greater than 50 years, a body mass index (BMI) less than 40, and imaging findings of osteoarthritis. Guideline criteria have not been met. This injured worker presented after a 3-year hiatus in treatment for complaints of low back and bilateral knee pain. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. There is no current documentation of standing x-ray evidence relative to osteoarthritis. There is no clinical exam documented of nighttime pain, specific range of motion loss, or current body mass index. As the injured worker does not currently meet guideline criteria for total knee replacement, the current medical necessity of surgical consultation is not established. Therefore, this request is not medically necessary.

MRI of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 304, 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indications for Imaging-MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343, 347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: MRI½s (magnetic resonance imaging).

Decision rationale: The California MTUS guidelines do not provide specific imaging recommendations for evaluating knee osteoarthritis. The use of MRI is generally supported for diagnosing meniscal tears, ligament strain/tear, patellofemoral syndrome, tendinitis and bursitis. MRI is not recommended for regional pain. The Official Disability Guidelines provide specific criteria for chronic knee pain and recommended MRI when radiographs are non-diagnostic or internal derangement is suspected. Repeat MRI is recommended post-surgically if needed to assess knee cartilage repair tissue. Guideline criteria have not been met. There is no detailed documentation relative to the prior right knee surgery or when the prior right knee MRI was performed. There is no documentation that knee radiographs have been performed and were non-diagnostic or suggested internal derangement. Given the absence of this information, the medical necessity of additional imaging cannot be established. Therefore, this request is not medically necessary.