

Case Number:	CM15-0039368		
Date Assigned:	03/09/2015	Date of Injury:	06/30/2010
Decision Date:	05/12/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/02/2015

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 53-year-old male who reported injury on 06/30/2010. The mechanism of injury was not provided. The documentation indicated the injured worker has trialed medications, activity modification, cortisone, viscosupplementation, and prior surgery. The x-rays were noted to reveal bone on bone arthritis. The injured worker underwent an MRI of the right knee on 10/13/2014, which revealed a comminuted nondisplaced fracture of the anterolateral tibial plateau with concomitant marrow edema. There was a diminutive posterior horn of the medial meniscus, presumably due to prior subtotal meniscectomy. There was an oblique tear in the residual posterior horn extending from the posterior margin to the inferior surface. There was an oblique tear of the posterior horn of the lateral meniscus extending to its inferior surface and was proximal to the free margin. There was full thickness articular cartilage loss over the mid and posterior medial femoral condyle. There was moderate joint effusion and mild lateral patellar subluxation with a small fissure at the lateral patellar cartilage. There was a Request for Authorization submitted for review dated 02/13/2015. The documentation of 02/10/2015 revealed the injured worker had persistent pain in the medial aspect of the knee. Physical examination revealed range of motion of the knee from 0 to 120 degrees. The injured worker was noted to have exquisite medial joint line tenderness, lateral joint line tenderness, and normal sensation throughout, and good distal perfusion. The x-ray 1 view was taken, which revealed medial compartment bone on bone arthritis with a preserved joint space at the lateral compartment. The treatment plan included a medial compartment arthroplasty versus a total

arthroplasty. The documentation indicated the injured worker was 280 pounds. The physician documented he would like the injured worker to lose weight prior to the surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee, Mako Unicompartmental Arthroscopy versus Total Knee Arthroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg chapter; Knee Arthroscopy.

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

Decision rationale: The Official Disability Guidelines indicate a unicompartmental knee joint replacement is appropriate when there is only 1 compartment that is affected. If 2 of the 3 compartments are affected, a total joint replacement is indicated. There should be documentation of exercise therapy and medications or viscosupplementation injections, plus there should be documentation of limited range of motion of less than 90 degrees for a total knee replacement, night time joint pain, and no pain relief with conservative care. There was a lack of documentation current functional limitations demonstrating necessity for intervention plus the injured worker should be over 50 and have a body mass index of 40. There should be documentation of standing x-rays with findings of osteoarthritis. The clinical documentation submitted for review indicated the injured worker had osteoarthritis. The injured worker was noted to have 2 of 3 compartments affected, which would support a bicompartamental knee replaced or a total knee arthroplasty, not a unicompartmental knee replacement. There was a lack of documentation of a failure of exercise therapy. There was a lack of documentation of a failure of medications and limited range of motion of the less than 90 degrees. There was a lack of documentation of night time joint pain and no pain relief with conservative care. There was a lack of documentation of current functional limitations. The body mass index could not be determined as there was a lack of documentation indicating the injured worker's height. The injured worker's weight was noted to be 280 pounds. The physician indicated he would like for the injured worker to lose some weight prior to the surgical intervention. The injured worker was over 50 years of age. The injured worker had osteoarthritis on standing x-rays. Given the above, the request for right knee MAKO unicompartmental arthroscopy versus total knee arthroplasty is not medically necessary.

Preoperative clearance, including labs: CBC (complete blood count), Chem7 (metabolic panel), UA (urinalysis), EKG (electrocardiogram) and H&P (history & physical): 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 Physical Therapy, 2 times weekly for 6 weeks: 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 DME (durable medical equipment) OSSUR innovative, Range of Motion, brace: 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 DME (durable medical equipment) Mobile Leg crutches: 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 DME (durable medical equipment) TENS (Transcutaneous electrical nerve stimulation) unit, 4 month rental: 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.

Int cold compression unit (30 day rental): 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.

SEG knee wrap, CPM (21 day rental): 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.