

<b>Case Number:</b>	CM15-0047240		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	10/29/2010
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	02/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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 31-year-old female who reported injury on 10/29/2010. Her mechanism of injury included carrying 2 tires while she was a tire shop manager. Her diagnosis included medial joint arthrosis. Her past treatments have included Synvisc injections, surgery, pain medication, work modification, bracing. Her diagnostic studies have included right knee x-ray. Her surgical history included 3 right knee arthroscopies with a partial medial meniscectomy and chondroplasty, loose body removal, and scar debridement since 2010. The injured worker had complaints of persistent pain in the medial aspects of both knees with medial joint arthrosis bilaterally. Physical exam findings included significant narrowing of the joint space according to x-rays taken on 11/13/2014. The patient had a series of Synvisc injections in her right knee in 01/2014. Her medications included naproxen 550 mg, Norco 10/325 mg, tramadol 50 mg, and Ultram ER 200 mg. Her treatment plan included requesting a high tibial osteotomy for unloading of the medial joints of the knee. The rationale for the request was to provide significant, long lasting pain relief before her inevitable knee replacement surgery. The Request for Authorization form was signed and dated 11/14/2014 in the medical record.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Sessions of post-operative physical therapy for treatment of right knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported. The request for 12 sessions of postoperative physical therapy for treatment of right knee is not medically necessary.

**Right tibial osteotomy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The request for the right tibial osteotomy is not medically necessary. The Official Disability Guidelines state the indications for osteotomy state high tibial osteotomy is an accepted surgical procedure of medial unicompartmental osteoarthritis of the knee with varus malalignment in young patients. However, there is no sound evidence and an osteotomy is more effective than alternative nonoperative therapies, such as valgus bracing or laterally wedged insoles. Furthermore, results seem to deteriorate with time and this group of injured workers may require total knee replacement. There is a lack of documentation of medial unicompartmental osteoarthritis of the knee. Therefore, the request for the right tibial osteotomy is not medically necessary.

**Associated surgical services: Bilateral crutches for use of post-operatively right knee for a 7 day rental:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Walking aids (canes, crutches, braces, orthoses, & walkers).

**Decision rationale:** The request for bilateral crutches for use of postoperatively right knee for a 7 day rental is not medically necessary. As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported. The request for bilateral crutches for use of postoperatively right knee for a 7 day rental is not medically necessary

**Associated surgical services: 14 day rental of cold therapy unit post operatively for the right knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Continuous-flow cryotherapy.

**Decision rationale:** The request for a 14 day rental of Cold Therapy Unit postoperatively for the right knee is not medically necessary. As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported. The request for a 14 day rental of Cold Therapy Unit postoperatively for the right knee is not medically necessary.