

Case Number:	CM15-0055679		
Date Assigned:	03/30/2015	Date of Injury:	12/21/2010
Decision Date:	05/15/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	03/23/2015

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: 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 54-year-old male who reported injury on 12/21/2014. The mechanism of injury was not provided. The injured worker was not noted to have prior surgical interventions. The documentation of 12/18/2015 revealed the injured worker had persistent knee pain located primarily over the medial aspects of the bilateral knees. The left knee was noted to be severe at times, and the right knee was noted to be severe. The injured worker was unable to kneel or squat comfortably. The injured worker had pain at night, persistent swelling, and mechanical catching. The range of motion was 0 to 130 degrees. The injured worker had a small effusion and 3+ tenderness along the medial joint line on the right. The injured worker had a slightly antalgic gait. The diagnostic studies included x-rays of the bilateral knees, which revealed bone on bone joint space narrowing of the medial compartment, for which the physician documented had been present for well over 2 years. There was no joint space narrowing of the lateral or patellofemoral compartment. The diagnosis was bilateral medial compartment arthritis. The treatment plan included the injured worker had failed oral medications, activity modification, multiple visits of physical therapy and cortisone injections, and as such, the injured worker was a candidate for a unicompartmental arthroplasty dating back to 2012; and the physician opined the injured worker remained a candidate for unicompartmental arthroplasty. There was a Request for Authorization submitted for review for the requested surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee medial unicompartmental arthroplasty: Upheld

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

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, Unicompartmental knee replacement, Knee Joint Replacement.

Decision rationale: The Official Disability Guidelines indicate that a unicompartmental knee replacement is appropriate for injured workers who have osteoarthritis that is restricted to a single compartment. The injured worker had osteoarthritis that was restricted to a single compartment. Additionally, the referenced guidelines indicate the criteria for knee joint replacement include there should be documentation of conservative care, including exercise and medications; plus subjective findings of limited range of motion, and nighttime joint pain, and no relief with conservative care, and documentation of current functional limitation demonstrating necessity for intervention; plus there should be documentation of the injured worker being over 50 years of age and that the injured worker has body mass of less than 40. There should be documentation of standing x-rays with a significant loss of chondral clear space in at least one of three compartments. The clinical documentation submitted for review indicated the injured worker was more than 50, had failed conservative care, and had subjective clinical findings. However, there was a lack of documentation of current functional limitations demonstrating the necessity for an intervention, and there was a lack of documentation of the body mass index. Given the above, the request for right knee medial unicompartmental arthroplasty is not medically necessary.

Associated surgical service: cold therapy unit rental x 14 days: 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.

Associated surgical service: dynamic compression device rental x 14 days: 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.

Associated surgical service: purchase front wheeled 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.

Associated surgical service: purchase single point cane: 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.

Associated surgical service: home health physical therapy right knee with RN evaluation 2x2: 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 right knee 2x6: 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.