

<b>Case Number:</b>	CM15-0056027		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	12/10/2013
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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 36-year-old male who reported an injury on 12/16/2014. The mechanism of injury was the injured worker was assisting an intoxicated patient in the hospital when the patient became combative. The injured worker had to wrestle the patient to the gurney, and in doing so, twisted his right knee. The injured worker underwent an MRI of the right knee without contrast on 01/24/2015 which revealed postoperative changes in the right knee consistent with revision intra-articular anterior cruciate ligament reconstruction surgery utilizing a patella bone tendon bone graft there was tricompartmental chondral pathology, including mild to moderate osteoarthritis in the patellofemoral compartment and medial compartment and mild osteoarthritis in the lateral compartment. There was a full thickness chondral fissure formation and fibrillation involving 1.5 cm region of the median eminence of the patella, 0.5 cm full thickness chondral defect with subchondral cyst formation involving the inferior pole of the patella, 1.0 cm full thickness chondral defect of the lateral patella condylar sulcus due to remove pivot shift osteochondral injury, and a 0.7 by 1.1 cm full thickness chondral defect with central osteophyte formation at the junction of the anterior middle one third of the femoral condyle. The injured worker underwent a right knee arthroscopy, chondroplasty patella, and microfracture medial femoral condyle on 03/06/2015. The documentation of 05/05/2015 was a physical therapy note and it revealed the injured worker had difficulty on a daily basis; however, he was feeling good. The injured worker had knee range of motion of 135 degrees of flexion bilaterally and extension of 0 degrees. The knee MMT was 4+/5 on the right in flexion and extension and 5/5 in the left on flexion and extension. The diagnoses included chondromalacia of patella, current tear of medial cartilage and/or meniscus of knee, and old anterior cruciate ligament disruption as well as muscle weakness and joint stiffness.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Right Total Knee Arthroplasty, QTY: 1: 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).

**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, Knee joint replacement.

**Decision rationale:** The Official Disability Guidelines indicate a knee joint replacement is appropriate if 2 of 3 or 3 compartments are affected. There should be documentation of a failure of exercise therapy and medications, plus limited range of motion, night time joint pain, no pain relief with conservative care, and documentation of current functional limitations demonstrating a necessity for intervention, plus the injured worker should be over 50 years of age and have a body mass index of less than 40. There should be documentation of osteoarthritis on standing x-rays or previous arthroscopy. The clinical documentation submitted for review indicated the injured worker was over 50 years of age and had osteoarthritis per previous arthroscopy and MRI. However, there was a lack of documentation of exercise therapy, medications, limited range of motion, night time joint pain, and no pain relief with conservative care. There was a lack of documentation of current functional limitations demonstrating a necessity for intervention and the body mass index. There was no physician documentation to indicate the need for a right total knee arthroplasty. Given the above, the request for a right total knee arthroplasty, quantity 1, is not medically necessary.

### **Hospital Admission, QTY: 3: 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.

### **Pre-op Medical Clearance: 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.

### **Pre-op Labs: CBC, CMP, PT, PTT, INR and EKG: 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: Cold Therapy Unit QTY 1: 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: Lovenox 40mg QTY 10: 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: Norco 10/325 QTY 80: 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-op Physical Therapy 2 x week QTY 20: 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: Front Wheel Walker QTY 1: 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.