

Case Number:	CM15-0057731		
Date Assigned:	04/02/2015	Date of Injury:	10/23/2005
Decision Date:	05/20/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/26/2015

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: Minnesota, Florida
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 46 year old, female who sustained a work related injury on 10/23/05. She fell on her left knee. She complained of swelling and pain in left knee. The diagnosis has included primary localized osteoarthritis lower leg. Treatments have included left knee surgery, medications, left knee steroid injection and home exercises. In the PR-2 dated 2/10/15, the injured worker complains of left knee pain. On clinical exam, she has pain along the "hardware site." The treatment plan is a request for authorization of left knee surgery to remove hardware. The other requested treatment of postoperative physical therapy for left knee was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee hardware removal of lateral tibial plate: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Hardware removal.

Decision rationale: The injured worker was found to have a medial meniscal tear in October 2005. She was treated with arthroscopic surgery and developed osteoarthritis in her knee. She was then treated with a high tibial osteotomy. Currently she has tricompartmental osteoarthritis of the knee and a total knee replacement is contemplated. The disputed request pertains to removal of the hardware used for the osteotomy. It is not certain why this cannot be done at the same time as the total knee arthroplasty. The plate is located on the anterolateral aspect of the proximal tibia and approaching the knee through an anterior incision for the total knee arthroplasty would allow exposure of the plate. If the plate is long, a lateral parapatellar capsular approach to the knee may be needed for the total knee arthroplasty. However, the provider wants to do the surgery in 2 stages through 2 separate incisions which may even compromise the circulation in the skin flap between the 2 incisions. On examination she walks with an antalgic gait and has clear evidence of tricompartmental osteoarthritis for which a total knee arthroplasty has been certified. The request for hardware removal was noncertified by utilization review as there was no evidence of hardware failure or broken hardware or loosening documented on imaging studies. ODG guidelines do not recommend routine removal of hardware. The decision to remove hardware has significant economic implications including the cost of the procedure as well as possible work time lost for postoperative recovery. As such, the ODG guidelines do not recommend hardware removal unless it is necessitated by pain, hardware failure, or broken hardware. In the absence of the foregoing, the request for hardware removal is not supported and the medical necessity of the request has not been substantiated.

12 post-operative physical therapy sessions 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Hardware removal.

Decision rationale: Since the primary surgical procedure is not medically necessary, the associated request for postoperative physical therapy is also not medically necessary.