

<b>Case Number:</b>	CM15-0058257		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	09/15/2005
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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 66-year-old male, who sustained an industrial injury on 09/15/2005. The injured worker reportedly suffered a twisting injury to the left knee when he stepped into a gun porthole. Diagnoses include osteoarthritis of the right knee, infected total knee arthroplasty (left, status post removal of knee components, status post revision arthroplasty), and sprain of medial collateral ligaments of the left knee. The patient underwent removal of knee prosthesis (2010) and total left knee arthroplasty (2010). Other treatment to date has included medications, diagnostics, injections, and physical therapy. Per the Primary Treating Physician's Progress Report dated 03/04/2015, the injured worker reported gradually increased pain in the right knee with difficulty walking. Physical examination of the right knee revealed slight varus and tenderness over the medial joint line. Knee motion was 0 degrees of flexion and 110 degrees of extension. The ligaments show good stability. The plan of care included surgical intervention and authorization was requested for right knee unicompartmental arthroplasty, labs, chest x-ray, electrocardiogram (EKG), walker, commode, physical therapy, home health RN and inpatient stay. The Request for Authorization form was submitted on 03/13/2015 for a right partial knee arthroplasty with preoperative laboratory testing, home health services, and postoperative physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Partial 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: Indications for Surgery - Knee Arthroscopy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Knee Joint Replacement.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have activity limitation for more than one month and a failure of exercise programs to increase range of motion and strength. In this case, the provider has recommended a partial knee arthroplasty. The request as submitted is for a right partial knee arthroscopy. It appears the request has been submitted incorrectly. According to the Official Disability Guidelines, a partial replacement is recommended if only one compartment is affected after there has been evidence of exercise therapy and medication or injections. Patients should be over 50 years of age with a body mass index of less than 40. The injured worker's body mass index was not provided for this review. The x-ray obtained on 03/04/2015 also revealed bone on bone contact in the medial compartment, as well as slight arthrosis in the patellofemoral compartment and lateral compartment of the knee. Given the above, the request is not medically necessary at this time.

**Labs: CBC (complete blood count), CMP (complete metabolic panel), PT (prothrombin time), PTT (partial thromboplastin time), INR (international normalized ratio): 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.

**Chest X-Ray: 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.

**EKG (electrocardiogram): 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.

**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.

**Commode:** 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.

**Physical Therapy (8-sessions):** 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.

**Home Health RN for blood draws:** 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.

**Inpatient Facility:** 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.