

Case Number:	CM15-0068296		
Date Assigned:	04/15/2015	Date of Injury:	06/01/2008
Decision Date:	07/07/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/10/2015

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: Illinois, California, Texas
 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:

This injured worker is a 50-year-old female who sustained an industrial injury on 6/1/08. Injury occurred when an air gun weighing approximately 10 pounds fell and struck her right knee. She underwent right knee arthroscopy with partial medial and lateral meniscectomy, medial femoral and medial tibia plateau chondroplasty and synovectomy on 5/14/09, and arthroscopy with partial lateral meniscectomy and chondroplasty of the medial femoral condyle on 6/18/10. She reported no improvement with surgery, Euflexxa injections or corticosteroid injection. Records indicated that weight bearing x-rays revealed moderate osteoarthritis in the medial compartment with 2 mm joint space. The 2/19/15 right knee MRI impression documented chronic full thickness tear of the mid-substance of the anterior cruciate ligament (ACL), grade 2 sprain of the proximal medial collateral ligament with laxity, and moderate effusion. There was a large oblique tear of the posterior horn and body of the medial meniscus with broad communication to the inferior surface in the inner two thirds. There was moderately diminutive size of the posterior horn and body of the lateral meniscus consistent with complex tear. There were mild tricompartmental degenerative changes with a 1.7 cm full thickness cartilage defect in the medial femoral condyle with underlying subchondral bone marrow edema and small subchondral cystic changes. There was a 5 mm moderate grade partial thickness cartilage defect in the central trochlear groove. The 2/17/15 treating physician report cited constant moderate right knee pain. Right knee exam documented moderate swelling, range of motion 0-120 degrees, no ligamentous instability, and crepitus on the medial aspect. The injured worker had no improvement with conservative treatment so far. MRI revealed medial compartment osteoarthritis with chronic

anterior cruciate ligament tear and recurrent tear of the residual menisci. The treatment plan recommended a total knee arthroplasty. She was not a candidate for partial knee replacement due to the absence of the anterior cruciate ligament and she did not wish to have partial knee replacement. The 3/17/15 treating physician report cited constant severe right knee pain. Right knee exam documented moderate swelling, no ligamentous instability, and range of motion 0-110 degrees with crepitus. The diagnosis was severe right knee osteoarthritis. The injured worker was advised to have a right knee arthroplasty on an outpatient basis. Authorization was requested for right total knee replacement, assistant surgeon, Lovenox injection daily x 14 days, CPM machine and physical therapy x 2 weeks. The 3/24/15 utilization review non-certified the right total knee replacement and associated surgical requests as there was no documentation of the degree of joint space narrowing in all three compartments, range of motion was not limited to less than 90 degrees, and body mass index was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right total knee replacement: 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), Knee Chapter.

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: Knee joint replacement.

Decision rationale: The Official Disability Guidelines recommend knee joint replacement when surgical indications are met. If only one compartment is affected, a unicompartmental or partial replacement may be considered. Specific criteria for knee joint replacement include exercise and medications or injections, limited range of motion (less than 90 degrees), night-time joint pain, no pain relief with conservative care, documentation of functional limitations, age greater than 50 years, a body mass index (BMI) less than 40, and imaging findings of osteoarthritis. Guideline criteria have not been met. This injured worker presents with constant moderate to severe right knee pain. There is evidence of medial compartment osteoarthritis with chronic full thickness ACL tear. The medical necessity of a total knee replacement was opined to be partially based on the absence of an ACL. Clinical findings documented range of motion greater than 90 degrees. There was no current functional assessment or body mass index. There was no documentation relative to physical therapy or exercise, although failure of injection therapy and activity modification has been documented. At this time, guideline criteria have not been met to proceed with knee arthroplasty. Therefore, this request is not medically necessary.

Assistant surgeon: 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), Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid services, Physician Fee Schedule: Assistant Surgeons, <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Lovenox injection daily x 14 days: 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), Knee Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Jobin S, Kalliainen L, Adebayo L, Agarwal Z, Card R, Christie B, Haland T, Hartmark M, Johnson P, Kang M, Lindvall B, Mohsin S, Morton C. Venous thromboembolism prophylaxis. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2012 Nov. 51 p.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical services: CPM machine: 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), Knee Chapter.

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 passive motion (CPM).

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical services: Physical therapy x 2 weeks: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

