Case Number:	CM15-0088568		
Date Assigned:	05/12/2015	**Date of Injury:**	06/19/2011
Decision Date:	06/17/2015	**UR Denial Date:**	04/24/2015
Priority:	Standard	**Application Received:**	05/08/2015

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 43 year old male who sustained an industrial injury on 06/19/2011. Mechanism of injury occurred when a cow kicked him in the right knee and he fell to the floor. Diagnoses include osteoarthritis of the medial femoral condyle with osteochondral lesion. Treatment to date has included diagnostic studies, medications, cortisone and Synvisc injections, surgery, right knee brace, and physical therapy. An osteochondral defect of the medial femoral condyle was noted and surgery was performed in September of 2011. A second surgery to the right knee was done on August 28, 2012 which was harvesting chondrocytes for implantation, and on November 30, 2012 implantation was done, diagnosis was right knee osteochondral defect on the medial femoral condyle. On March 14, 2014 another Magnetic Resonance Imaging of the right knee showed mild chondromalacia involving the medial femoral condyle and patella with mild osteoarthritis affecting the medial and patellofemoral compartments. The injured worker continued with right knee pain and a fourth surgery was done on May 2, 2014, which was a chondroplasty of the medial femoral condyle. A physician progress note dated 04/03/2015 documents the injured worker has continued, constant right knee pain. He has pain at night. His right knee has limited range of motion by about 10 degrees. He ambulates with a limp. A Magnetic Resonance Imaging done on 04/03/2015 shows he continues to have degenerative changes at the medial femoral condyle with an osteochondral lesion of the weight-bearing portion of the medial femoral condyle. Treatment requested is for associated surgical services: Physical therapy x 12 associated surgical services: pre-op EKG, blood work, and right knee unicompartment arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee unicompartment arthroplasty: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Low Back Chapter.

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

Decision rationale: ODG guidelines recommend unicompartmental knee replacement as an option. It is effective among patients with knee osteoarthritis restricted to a single compartment. Unicompartmental arthroplasty is indicated in young, high demand patients. The provider has indicated that the osteoarthritis affects the medial compartment only. The patellar chondro-malacia was mild at the time of the arthroscopy and should not represent an indication for a total knee arthroplasty which is indicated if 2 or more compartments are involved by osteoarthritis. The MRI scan dated April 1, 2015 revealed delaminating full-thickness chondral fissure at the patellar apex with associated subchondral cystic change, mild chondral thinning along the medial patellar facet, a small joint effusion, and minimal chondral thinning along the lateral aspect of the medial femoral condyle. The injured worker is 43 years old. His BMI is 28. He is 5 feet 9 inches tall and weighs 190 pounds. The right knee has range of motion from 0-122. The left knee range of motion is 0 -132. When he stands from a sitting position the injured worker limps across the room. He failed conservative care including exercise, corticosteroid injection as well as Synvisc 1. He has known osteoarthritis of the medial compartment seen at the time of arthroscopy. He has night pain. He does not meet the range of motion requirement, which is less than 90 for a total knee replacement. He does not meet the age requirement over 50 for knee arthroplasty. He also does not meet the imaging clinical findings on standing films of osteoarthritis but has evidence of medial compartment osteoarthritis based upon findings at the time of arthroscopy. The provider has exhausted the conservative options and indicates that the patellar chondromalacia is not a significant issue. In light of the exceptional circumstances and exhaustion of the conservative options, the age and range of motion requirement is not absolute. As such, the request for a unicompartmental arthroplasty is appropriate and the request is medically necessary.

Associated surgical services: Pre-op EKG, blood work: 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: Low Back, Topic: Preoperative lab testing, Pre-operative electrocardiography.

Decision rationale: ODG guidelines indicate preoperative urinalysis is recommended for patients undergoing invasive urologic procedures, electrolyte and creatinine testing in patients with chronic disease and those taking medication that predisposes them to electrolyte abnormalities or renal failure, random glucose testing in patients at high risk of undiagnosed diabetes mellitus, A1c testing in patients with diabetes only if the results would change perioperative management, CBC in patients with diseases that increased the risk of anemia or patients with significant perioperative blood loss anticipated. Coagulation studies are reserved for patients with a history of bleeding disorder or those taking anticoagulants. ODG guidelines recommend a history and physical examination to determine comorbidities. The documentation provided does not indicate the presence of comorbidities. As such, preoperative laboratory testing is not supported by guidelines. With respect to the request for preoperative EKG, ODG guidelines indicate that outpatient orthopedic surgery is low risk surgery. As such, the guidelines do not support a routine preoperative electrocardiogram. The documentation provided does not indicate presence of clinical risk factors. EKGs are not indicated for low risk procedures. Therefore, the medical necessity of a preoperative EKG is not medically necessary.

Associated surgical services: Physical therapy x 12: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: California MTUS guidelines indicate 24 visits over 10 weeks for a knee arthroplasty. The initial course of therapy is one-half of these visits, which is 12. Then with documentation of continuing functional improvement, a subsequent course of therapy of the remaining 12 visits may be prescribed. The provider has requested 12 visits. The request is appropriate and the request is medically necessary.