

Case Number:	CM14-0148555		
Date Assigned:	09/18/2014	Date of Injury:	06/09/2014
Decision Date:	10/17/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/12/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Nephrology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 55-year-old male who has submitted a claim for endstage profound medial tricompartmental arthritis, left knee associated with an industrial injury date of 06/09/2014. Medical records from 2014 were reviewed. Patient complained of left knee pain, rated 8/10 in severity, and described as sharp. Height was recorded at 5'10", weight of 190 lbs, and derived body mass index of 27.3 kg/m². Physical examination of the left knee showed 110 degrees of knee extension, good stability, tenderness at medial aspect, 2+ patellofemoral crepitation, and trace to 1+ effusion. X-ray of the left knee, dated 07/24/2014, demonstrated complete collapse, tricompartmental arthritis, and status post ACL reconstruction with subluxation. Both lateral and sunrise views showed significant patellofemoral arthritis. MRI of the left knee, dated 07/15/2014, demonstrated complete tear of the ACL reconstruction, tears of the medial and lateral menisci, and full-thickness cartilage loss in the medial and lateral compartments. Treatment to date has included left knee surgery x 2, Synvisc and cortisone injections, physical therapy, and medications. Utilization review from 08/12/2014 denied the request for LEFT KNEE TOTAL KNEE REPLACEMENT @ [REDACTED] because of no evidence of failure in conservative care involving exercise therapy. Knee range of motion was likewise measured at 125 degrees, which did not meet guideline criterion for knee replacement. The request for surgery was non-certified; hence, the requests for 3 DAY IN PATIENT HOSPITAL STAY ([REDACTED]), 1 ASSISTANT SURGEON, 1 PRE-OP MEDICAL CLEARANCE, and 12 POST-OP PHYSICAL THERAPY SESSIONS ([REDACTED]) were also not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left Knee Total Knee Replacement @ [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines. 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 Chapter, Knee Joint Replacement

Decision rationale: The CA MTUS does not address this topic specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Knee Chapter, Knee joint replacement was used instead. ODG criteria for total knee replacement (TKR) include conservative care including Visco supplementation injections OR Steroid injection, limited range of motion (less than 90 degrees for TKR), nighttime joint pain, and no pain relief with conservative care; over 50 years of age AND Body Mass Index (BMI) of less than 35 kg/m²; and osteoarthritis on imaging or arthroscopy report. In this case, patient is a 55-year-old male, who has persistent left knee pain despite two left knee surgeries, Synvisc and cortisone injections, physical therapy, and intake of medications. His body mass index is 27.3 kg/m². X-ray of the left knee, dated 07/24/2014, demonstrated complete collapse, tricompartmental arthritis, and status post ACL reconstruction with subluxation. Both lateral and sunrise views showed significant patellofemoral arthritis. MRI of the left knee, dated 07/15/2014, demonstrated full-thickness cartilage loss in the medial and lateral compartments. Physical examination of the left knee showed good stability, tenderness at medial aspect, 2+ patellofemoral crepitation, and trace to 1+ effusion. However, left knee range of motion towards extension was measured at 110 degrees. The guideline clearly states that TKR may only be considered for range of motion <90 degrees. Guideline criteria are not met. There is no discussion concerning need for variance from the guidelines. Therefore, the request for 1 Left Knee Total Knee Replacement @ [REDACTED] is not medically necessary.

3 Day in Patient Hospital Stay ([REDACTED]): 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 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.

1 Assistant Surgeon: 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.

1 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.

12 Post-Op Physical Therapy Sessions ([REDACTED]): 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.