

Case Number:	CM14-0182901		
Date Assigned:	11/07/2014	Date of Injury:	05/19/2014
Decision Date:	12/11/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/03/2014

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 Orthopaedic Surgery 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:

This 53-year-old male police officer sustained an industrial injury on 5/19/14. Records documented persistent activity related swelling and discomfort. Functional difficulty was noted with kneeling, squatting, prolonged standing or walking, and heavy lifting. Conservative treatment included oral medications, activity modification, 6 visits of physical therapy, and corticosteroid injection without sustained improvement. The 8/19/14 right knee MRI impression documented advanced tricompartmental arthrosis, most marked within the lateral compartment, including broad regions of full thickness cartilage loss to bone and trace edema within the peripheral aspect of the lateral femoral condyle. There was evidence of medial and lateral meniscal trimming with an essentially absent lateral meniscal body segment. There was no evidence of medial meniscus tear or re-tear, or loose bodies. The 10/6/14 orthopedic progress report cited significantly worsened knee pain and swelling. He was limping and unable to walk comfortably. He did not feel he was capable of work. Right knee exam documented range of motion 0-125 degrees, small effusion, 2 to 3 plus medial and lateral joint line tenderness, grossly positive McMurray's test, and antalgic gait. The diagnosis was right knee advanced tricompartmental arthritis involving the lateral compartment most significantly. The treating physician opined that the only non-operative treatment option was hyaluronic acid injections which typically were not beneficial in patients with advanced arthritis. Given the severity of his arthritis and the fact that it involved all three compartments, a total knee arthroplasty was recommended. The 10/16/14 utilization review denied the right knee medial compartment partial arthroplasty with implants and associated requests as there was no clear rationale for medial compartment arthroplasty rather than lateral compartment or total knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Medial Compartment Partial Arthroplasty with Implants: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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 California MTUS does not provide recommendations for knee arthroplasty. 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. If 2 of the 3 compartments are affected, a total joint replacement is indicated. 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 35, and imaging findings of osteoarthritis. Guideline criteria have not been met for a medial compartment partial arthroplasty. This patient presents with imaging findings of advanced tricompartmental arthrosis, most marked in the lateral compartment. Significant functional limitations are documented in this active individual with reported failure of comprehensive conservative treatment. However, there is no compelling reason to support the medical necessity of a medial compartment partial arthroplasty over a total knee arthroplasty as indicated by guidelines. Therefore, this request is not medically necessary.

Associated Surgical Service: Post-Operative Physical Therapy x 12 Right Knee: 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.

Associated Surgical Service: Pre Op Clearance-CBC, UA, Chemistry Panel,: 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.

Associated Surgical Service: CT scan for the Right Knee: 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.

Associated Surgical Service: on a Q Pain Pump for 3 to 4 times a day for 2 weeks: 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.