

Case Number:	CM14-0182950		
Date Assigned:	11/07/2014	Date of Injury:	02/18/1995
Decision Date:	12/11/2014	UR Denial Date:	10/13/2014
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 Orthopedic 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 55-year-old male sustained an industrial injury on 2/18/1995. The mechanism of injury was not documented. Past medical history was positive for extrinsic asthma. Past surgical history was positive for left knee surgery on 5/10/95. The 5/16/13 right and left knee standing x-rays demonstrated mild varus with slight joint space narrowing. The 6/26/13 left knee MRI impression documented moderate medial compartment arthritis, and mild lateral and patellofemoral compartment arthritis. Records documented on-going bilateral knee pain with functional difficulty in standing, squatting, and walking that had impaired his ability to work full duty since 6/3/13 with temporary total disability noted since 9/5/14. Conservative treatment had included anti-inflammatory medications, physical therapy, home exercise, activity modification, and viscosupplementation with minimal improvement. Physical exam findings documented very slow gait, slight varus, joint line tenderness, mild fullness, no instability, and range of motion 100-110 degrees since 9/5/14. Minimal response was noted with Euflexxa injections. The 10/6/14 treating physician report documented continued bilateral knee pain, worse on the left. Pain was aggravated by walking, standing, and squatting and impaired functional ability. He was not working which had decreased the pain but had not relieved it. Physical exam documented left knee medial and patellofemoral compartment tenderness, worse medially, with moderate crepitation and small effusion. Conservative treatment including medications, injection, and physical therapy had failed to provide improvement. Authorization was requested for left knee replacement with physical therapy and durable medical equipment. The 10/13/14 utilization review denied the left total knee replacement and associated requests based on the absence of significant tricompartmental disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total Left Knee Replacement: 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 Official Disability Guidelines (ODG) Knee and Leg, Knee joint replacement

Decision rationale: The California MTUS does not provide recommendations for total knee arthroplasty. The Official Disability Guidelines recommend total knee 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 (< 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 evidence of osteoarthritis with significant loss of chondral clear space in at least one of the three compartments. Guideline criteria have not been fully met. There is no current clinical exam evidence relative to night-time joint pain or body mass index. Current range of motion at 100 to 110 degrees exceeds guideline criteria of 90 degrees. There are no standing x-rays findings documenting significant loss of chondral clear space in two or more compartments to support the medical necessity of total knee replacement. Therefore, this request is not medically necessary.

Post-Op 12 Physical Therapy Sessions: Upheld

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

Post-Op DME: CPM: 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 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.

Post-Op DME: 3-in-1 Commode: 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 Official Disability Guidelines (ODG) Knee and Leg, Bathtub seats, Durable medical equipment

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

Post-Op DME: Walker: 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 Official Disability Guidelines (ODG) Knee and Leg, Walking aids (canes, crutches, braces, orthoses, & walkers)

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