

Case Number:	CM14-0110419		
Date Assigned:	08/01/2014	Date of Injury:	02/02/2013
Decision Date:	07/07/2015	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/15/2014

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. 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:

The injured worker is a 40-year-old female who sustained an industrial injury on 2/2/13. Injury occurred when she tripped and fell, landing on her left side. The 2/28/13 left knee MRI impression documented a detached osteophyte/loose body of the lateral aspect of the tibial plateau, and mild knee joint effusion. She underwent left knee arthroscopy with removal of loose body and chondroplasty on 9/18/13. Records indicated that she completed 24 post-operative physical therapy visits. The 6/2/14 treating physician report cited grade 8-9/10 left knee pain that affected her activities of daily living. Additional complaints were noted for neck and back pain. Physical exam documented moderate effusion, range of motion 10-120 degrees, crepitus, positive grind, severe medial pain with squat, and medial joint line tenderness. She had tricompartmental chondral lesions including the patellofemoral joint, medial tibiofemoral joint and lateral tibiofemoral joint. She was status post left knee arthroscopy with removal of loose body and chondroplasty, which did not give her much relief in pain. She had post-operative intra-articular injections, which provided 3 weeks of relief. The treatment plan recommended left total knee arthroplasty. Authorization was also requested for 1 assistant surgeon, internal medicine clearance, cold therapy unit rental, and 24 post-operative physical therapy sessions. The 6/17/14 utilization review non-certified the left total knee arthroplasty and associated surgical requests based on the injured worker's age, range greater than 90 degrees, no report of nighttime pain, no indication of severe functional limitations, and no imaging evidence of severe osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Total Knee Arthroplasty: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic) Knee Joint Replacement.

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. Specific criteria for knee joint replacement include exercise and medications or injections, limited range of motion (< 90 degrees), nighttime 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 is 40 years old with left knee pain. Pain reportedly affected activities of daily living. Clinical exam findings documented range of motion greater than 90 degrees. There was no documentation of nighttime pain. There was no post-surgical imaging or operative report documented in the available records. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. The medical necessity of this request has not established as an exception to guideline criteria for age. Therefore, this request is not medically necessary.

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.

Associated Surgical Service: Internal Medicine 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.

Associated Surgical Service: Cold Therapy Unit (rental): 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 flow cryotherapy.

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

Post-Operative Physical Therapy for the Left Knee (24-sessions): 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.