

Case Number:	CM15-0004863		
Date Assigned:	01/16/2015	Date of Injury:	02/28/2014
Decision Date:	03/20/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/09/2015

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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 62-year-old male with a date of injury of 02/28/2014. A prior request was made for a preop CT Medacea of the right knee for exact measurements for a knee replacement which was denied due to a lack of significant documentation of any significantly different preoperative outcomes with the use of this imaging study. The injured worker indicated having severe pain with right knee swelling and a feeling of giving way when going down stairs. Aggravating factors included kneeling, squatting, and twisting, as well as prolonged sitting. Medication usage listed Naprosyn, Ultram, and Vicodin. He also had a series of 3 Synvisc injections and used a lateral unloader knee brace. He was diagnosed with osteoarthritis, which did not specify whether it was generalized or localized involving the lower leg. An MRI confirmed the osteoarthopathy, most significant in the lateral compartment as well as medial compartment and patellofemoral compartment disease with severe complex tear of the lateral meniscus and small body undersurface tear of the medial meniscus. Prior treatments included steroid injection, exercise, NSAIDs, physical therapy, acupuncture, and activity modification. It was noted that the injured worker had been certified for a total right knee replacement, preoperative internal medical clearance, inpatient 3 day stay, Bactroban ointment to be used before surgery, PhisoHex soap also to be used before surgery and a retrospective x-ray of the right knee which had been completed on 11/06/2014. A postop request for physical therapy 2 x 12 had been modified to 12 sessions for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative CT Medacea of Right Knee for exact measurement for knee replacement:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, (ODG), Treatment Index, 12th Edition (web), 2014, Knee, Computed Tomography

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 Chapter, Computed tomography (CT).

Decision rationale: According to the Official Disability Guidelines, 3 dimensional CT scans are not recommended for routine presurgical planning prior to total knee replacement due to the expense and debatable clinical significance for the use of these diagnostic imaging studies. Therefore, the request cannot be supported without recommendation under the medical guidelines for use. As such, the request is not medically necessary.

Post-Operative Physical Therapy 2x12 to Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Although patients are supported for up to 24 visits of postoperative physical therapy, they are recommended to complete half the requested number of sessions to allow for interval reassessment prior to completing the remaining sessions. Therefore, the request cannot be supported at this time without the injured worker completing half the recommended number of sessions and attaining a reassessment. As such, the request is not medically necessary.