

Case Number:	CM15-0008748		
Date Assigned:	01/26/2015	Date of Injury:	03/31/2014
Decision Date:	04/03/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/15/2015

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: New York
 Certification(s)/Specialty: Neurological 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:

This 60 year old male on March 31, 2014 misstepped while walking on a ramp when the right leg collapsed. The injured worker had arthroscopic surgery July 21, 2014 for a right knee synovectomy and meniscectomy. In the arthroscopic postoperative report he was diagnosed with internal derangement of the right knee with probable torn meniscus and chondromalacia, advanced patellafemoral medial compartment arthrosis and multiple loose bodies as well as diffuse synovitis. According to the progress note of October 28, 2014, the injured worker has significant advanced bone on bone chondral wear at the medial femoral condyle as well as had grade 3 advanced findings in the patellafemoral joint. The injured workers chief complaint was 10 out of 10 right knee pain. Post-op he attended physical therapy and hot/cold therapy. The PR2 of 10/28/2014 noted his knee motion was normal lacking a little bit of terminal flexion with a mild effusion. The primary treating physician requested authorization for right knee arthroplasty of total knee replacement, continuous range of motion machine, 10-14 day rental, purchase of walker with wheels, in home postoperative physical therapy, x-rays and MRI of the right knee with Smith and Nephew protocol and surgical assistant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroplasty or Total Knee Replacement: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee replacement chapter-knee joint replacement.

Decision rationale: According to ODG guidelines knee arthroplasty would be recommended if the patient failed exercise therapy and medications and injections. Documentation does not show this is the case. Moreover a limited range of motion and nighttime joint pain would be expected. The patient's PR2 of 10/28/2014 noted he had a normal range of motion. Nighttime pain is not mentioned in the documentation nor failure of a trial of medications. Thus the requested treatment: Right knee arthroplasty or total knee replacement is not medically necessary and appropriate.

Associated Surgical Service: CPM Machine 10-14 Day Rental: 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.

Associated Surgical Service: Walker with Wheels, for Purchase: 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.

Associated Surgical Service: In-Home Post-Op Physical Therapy 2 Times A Week for 3 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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: X-Rays and MRI for The Right Knee, with Smith and Nephew Protocol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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: Assistant Surgeon: 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.