

Case Number:	CM15-0113092		
Date Assigned:	06/19/2015	Date of Injury:	09/19/2013
Decision Date:	07/17/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/11/2015

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, Indiana, Oregon
 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 64 year old male, who sustained an industrial injury on September 19, 2013. Treatment to date has included home therapy program, cortisone injections, physical therapy viscosupplementation injections and medications. Currently, the injured worker reports that his left ankle symptoms have not changed since the previous evaluation and he notes that he is able to ambulate approximately one block before experiencing pain in the left ankle and his right knee. The right knee is made worse with weight bearing activity including standing and walking. He reports some discomfort of the anterior aspect of the left ankle with dorsiflexion. He reports no radiation of pain. On physical examination, the injured worker ambulates with a slight external rotation of the left lower extremity. He exhibits decreased range of motion in the right knee and the left ankle and has a negative left ankle drawer sign. The diagnoses associated with the request include severe right knee medial femorotibial osteoarthritis and status post left ankle modified Brostrom repair, arthroscopic ankle debridement and peroneal tenosynovectomy. The treatment plan includes right knee arthroplasty and left ankle physical therapy for strengthening and stability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right total knee arthroplasty Qty:1: 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), Knee and Leg Chapter.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of total knee replacement. According to the Official Disability Guidelines regarding Knee arthroplasty: Criteria for knee joint replacement which includes conservative care with subjective findings including limited range of motion less than 90 degrees. In addition, the patient should have a BMI of less than 35 and be older than 50 years of age. There must also be findings on standing radiographs of significant loss of chondral clear space. The clinical information submitted demonstrates insufficient evidence to support a knee arthroplasty in this patient. There is no documentation from the exam notes from 5/6/15 severe limitation from symptoms like the use of assist device. The worker is documented to still be doing regular work. There is no evidence in the cited examination notes of limited range of motion less than 90 degrees (it is 0-130). The BMI is not documented. Based on this, the guidelines are not met. Therefore, this request is not medically necessary.

Physical therapy, 2 times a week for left ankle Qty:8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

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