MAXIMUS Federal Services

Case Number:	CM15-0113322		
Date Assigned:	06/19/2015	Date of Injury:	02/24/2014
Decision Date:	07/21/2015	UR Denial Date:	05/26/2015
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: Montana, Oregon, Idaho
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 51 year old male who sustained an industrial injury on 02/24/2014. The injured worker was diagnosed with right knee osteoarthritis. The injured worker is status post right knee arthroscopy with partial meniscectomy and debridement on April 17, 2014 and right knee arthroscopy on February 20, 2015 with findings of extensive cartilage loss in the patellofemoral joint, medial meniscus and inflammation of the anterior cruciate ligament. Treatment to date has included diagnostic testing, conservative measures, physical therapy, surgery, Synvisc-One injection on February 23, 2015 (without significant relief) and medications. Radiographs from 2/26/14 demonstrated moderate to severe degenerative changes of the tibiofemoral joint. According to the primary treating physician's progress report on May 14, 2015, the injured worker continues to experience pressure and pain in the right knee. A physical examination performed on April 2, 2015 demonstrated swelling of the right knee with range of motion noted as 0-100 degrees and a slightly positive McMurray's test. There was lateral and medial joint tenderness with slight anterior cruciate ligament instability. Quadriceps strength of the right knee was 5-/5. Current medications are listed as Hydrocodone and Ibuprofen. Treatment plan consists of surgical intervention with the current request for a right total knee replacement and post-operative physical therapy times 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right total knee replacement: 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 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 Arthroplasty.

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 5/14/15 of increased pain with initiation of activity or weight bearing. There are no records in the chart documenting when physical therapy began or how many visits were attempted. There is no evidence in the cited examination notes of limited range of motion less than 90 degrees. Therefore the guideline criteria have not been met and the determination is this request is not medically necessary.

Post-op physical therapy evaluation and 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.