

Case Number:	CM15-0115001		
Date Assigned:	06/26/2015	Date of Injury:	06/29/2009
Decision Date:	09/09/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/15/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48 year old male, who sustained an industrial injury on June 29, 2009. The injury occurred while the injured worker was carrying a heavy bucket and his foot slipped. The injured worker felt a pop in the left knee with the onset of immediate pain. The diagnoses have included internal derangement of the medial/lateral meniscus, post-operative failed meniscal transplant and failed chondrocyte transplantation of the left knee, post-traumatic osteoarthritis of the left knee, chronic pain syndrome and depression. Treatment to date has included medications, radiological studies, MR Arthrogram, MRI, a cortisone injection, pain management, home exercise program, physical therapy, massage therapy, psychological evaluation and multiple left knee surgeries. Current documentation dated May 6, 2015 notes that the injured worker reported constant left knee pain and difficulty sleeping due to the pain. The injured worker also noted mild low back pain related to his gait. Examination of the left knee revealed tenderness to palpation over the anteromedial joint line. At 30 degree of flexion there was a 1+ medial collateral ligament laxity. Otherwise, the knee was stable to standard ligamentous testing. Special orthopedic testing showed a trace positive anterior drawer test and a negative Lachman's and pivot shift. There were no signs of posterior instability with a negative posterior drawer and a negative quadriceps active test. The treating physician's plan of care included a request for a left total knee arthroplasty, surgical assistant, inpatient stay times 3 days, post-operative physical therapy # 12 to the left knee, post-operative ice machine times 7 days, post-operative walker/indefinite use, post-operative commode/indefinite use and Lovenox 40 mg times 14 days.

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, Indications for surgery.

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

Decision rationale: According to the ODG, criteria for total knee arthroplasty include: involvement of 2 compartments with severe osteoarthritis, failure of conservative care to include medications, exercise therapy, viscosupplementation injections, subjective findings of functional limitations, age over 50 AND BMI less than 40, and imaging findings of advanced osteoarthritis in 2 compartments. The injured worker has no imaging that demonstrates severe osteoarthritis in 2 compartments. There is no mention of failure of viscosupplementation injection series, and age is under 50. As such, the requested surgery is not medically appropriate at this time.

Surgical assistant: 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: Inpatient hospital stay x 3 days: 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.

Postoperative physical therapy x 12 for the left knee: 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.

Postoperative ice machine x 7 days: 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.

Postoperative walker; indefinite use: 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.

Postoperative commode; indefinite use: 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.

Lovenox 40mg x 14 days: 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.