

Case Number:	CM15-0119779		
Date Assigned:	06/30/2015	Date of Injury:	08/10/2011
Decision Date:	09/11/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/22/2015

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 39 year old male, who sustained an industrial injury on 8/10/11. Initial complaints were of the left knee. The injured worker was diagnosed as having medial pain secondary to correction with a high tibial osteotomy. Treatment to date has included status post right knee high tibial osteotomy (4/2014); physical therapy; medications. Diagnostics included a MRI right knee (3/3/15); right hip MRI without contrast (6/12/15); MRI lumbar spine without contrast (6/12/15); CT scan left knee (6/12/15); CT scan right knee (6/12/15). Currently, the PR-2 notes dated 4/13/15 indicated the injured worker complains of right knee pain rated at 4/10 and present all of the time. The pain is located medially and just below the patella. His range of motion of the knee is good but the knee is swollen and pops and clicks. He has a surgical history left knee meniscal repair on 12/1/10; he had a left knee high tibia osteotomy. He reports 8 months following the left knee surgery, he began to be bothered by right knee related to overcompensating. He underwent right knee meniscal repairs in 2000 and 2006, and is a status post right knee high tibial osteotomy (4/2014); post-operatively, rehabilitated the knee with therapy but has been symptomatic ever since. His MRI of the right knee dated 3/3/15 impression notes a 7mm chondral flap at the femoral trochlea and there is metallic hardware associated with a medial tibial osteotomy. A CT scan of the right knee dated 6/12/15 impression notes status post proximal medial tibial osteotomy without evidence of fractures or hardware complications; minor medial compartment degeneration manifested as subtle subchondral sclerosis of the weight bearing surfaces; no significant joint space narrowing or ossific spurring noted. Physical examination of the right knee demonstrates a well healed surgical incision over the medial aspect

of the knee with tenderness to palpation over the medial joint line with painful Apley's and Mc Murray's on the medial side. He has a similar incision on the left knee was well but denies any significant pain on the left knee. He appears to be stable to anteriorly/posteriorly and varus/valgus stresses. He has full range of motion of the knee with pain in the extremes of flexion. He has mild patellofemoral crepitus noted. He has mild pain over the medial and lateral patellar facets. His neurovascularity is intact distally in the lower extremity. The provider's treatment plan included right knee arthroscopy with revision of high tibial osteotomy; inpatient hospital stay one day; crutches; ranger TOM brace 0-90 days; TED stockings; postoperative physical therapy 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery Operative Arthroscopy, Revision of High Tibial Osteotomy, for The Right Knee: 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 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 high tibial osteotomy. ODG knee is referenced. HTO is recommended for exhaustion of non-operative treatment, range of motion less than 90 degrees, age under 60, BMI less than 40 and imaging with weight bearing radiographic evidence of chondral clear space loss. In this case there is continued pain without the limitations in range of motion recommended prior to surgery. Based on this the request is not medically necessary.

Associated Surgical Service: Inpatient Hospital Stay for 1 Day: 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.

Post-Op Ranger TOM Brace 0-90 Qty 1: 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.

Post-Op Crutches, Pair Qty 1: 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.

Post-Op TED Stocking Qty 1: 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.

Post-Op PT 2x6: 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.