

Case Number:	CM15-0124038		
Date Assigned:	07/08/2015	Date of Injury:	03/11/2014
Decision Date:	08/19/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/26/2015

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 63 year old male, who sustained an industrial injury on 03/11/2014. He has reported injury to the right knee. The diagnoses have included right knee meniscal tear; right knee advanced medial compartment arthritis, MRI supporting full thickness cartilage loss and meniscal extrusion; and degenerative tearing posterior horn medial meniscus. Treatment to date has included medications, diagnostics, physical therapy, and home exercises. A progress report from the treating physician, dated 06/02/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of chronic right knee pain with locking and giving way; he has had diminished weight-bearing and walking capacity; he has had 12 visits of physical therapy; he is presently working; and he now has persistent medial compartment pain aggravated by weight-bearing and swelling. Objective findings included moderate effusion visual anterior right knee, palpable in the popliteal fossa; 1+ laxity at the medial collateral ligament with end point; decreased range of motion; patella tracks without instability; plain x-rays on weight-bearing show bone-on-bone articulation medial with mild anatomic varus and marginal hypertrophic change; and MRI confirms this with significant medial subluxation of the meniscus from joint line, and there is degenerative tearing with posterior horn extending to root. The treatment plan has included the request for uni-compartmental arthroplasty, right knee; associated surgical service: inpatient hospital stay, 2 days; associated surgical service: post-operative physical therapy 3 times a week for 8 weeks; and associated surgical service: CPM (continuous passive motion) device, 21-day rental, right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Uni-compartmental arthroplasty, 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), knee and leg, knee joint replacement.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of unicompartmental knee replacement. According to the ODG Knee and Leg section, unicompartmental knee replacement is an option if one compartment is involved. Guideline criteria for knee arthroplasty include conservative care consisting of supervised therapy or home exercise program and medications, plus documentation of limited range of motion. In addition, complaints of night joint pain, no pain relief with conservative care and documentation of current functional limitations when the patient is over 50 years of age with a body mass index of less than 35. In addition, there must be documentation of significant loss of chondral clear space in at least 1 of 3 compartments. In this case the exam note from 6/2/15 documents relatively well preserved range of motion from 3 to 125 degrees. In this case the MRI report on 9/8/14 does demonstrate arthritic changes in the medial compartment with relative sparing of the lateral and patellofemoral compartments. While there is a report of non-weight bearing knee x-rays on 5/22/15, there is no formal weight bearing radiographic report documenting the degree of osteoarthritis. There is no medical documentation demonstrating the failure of intraarticular injections or specific medications. Therefore the guideline criteria have not been met and the requested unicompartmental right knee arthroplasty is not medically necessary.

Associated surgical services: Inpatient hospital stay, 2 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

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

Associated surgical services: Post operative physical therapy 3 times a week for 8 weeks: 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 services: CPM device, 21-day rental, right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

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