

Case Number:	CM15-0124410		
Date Assigned:	07/15/2015	Date of Injury:	06/01/2011
Decision Date:	09/28/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/29/2015

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 51-year-old male, who sustained an industrial injury on 6/1/2011. The mechanism of injury is not indicated; however, he reported right knee pain. The injured worker was diagnosed as having osteoarthritis of the right knee, complete tear of the anterior cruciate ligament of the right knee with prior repair, mild patellar chondromalacia. Treatment to date has included x-rays of the right knee (5/4/2015), and injections. The request is for a right knee unicompartmental replacement; associated durable medical equipment: recovery wrap, CPM (continuous passive motion) machine, front wheeled walker, commode; and associated medicines: OxyContin, Xarelto, and Percocet. On 6-25-2013, he is seen for follow up after right knee arthroscopy with partial medial meniscectomy and chondroplasty. He reported feeling better. Medications are noted as none. Some mild residual swelling is noted on exam. The treatment plan included: home exercises, icing, and transition care. On 12/31/2013, he complained of right knee pain with popping. He is noted to have tried Supartz injections without help, and given a recent cortisone injection. He indicated the pain is worsened with weight bearing and extended activity. The treatment plan included: home exercises, and icing. On 5/4/2015, he complained of right knee pain and popping primarily over the medial joint compartment. He is noted to have had right knee reconstructive surgery in 1996, then arthroscopy in 2011 and 2013. The provider noted he has tried Supartz injections without help, and a recent cortisone injection. He is noted to also have chondromalacia of the patella, which is reported to not bother him that much. The right knee pain is reported to be slowly worsening with weight bearing and extended activity, and increased by bending, twisting, and squatting.

Physical findings revealed right knee joint swelling and tenderness over the medial aspect, no instability, no anterior drawer sign present, no one plane medial (straight) instability, no one plane lateral (straight) instability, Lachman testing did not demonstrate one plan anterior instability, and McMurray testing was negative. He is not taking medications currently. X-rays were reported to have been completed on 5/4/2015 and revealed osteoarthritis with joint space narrowing of the medial compartment. The x-ray report is not available for this review. Therapy is noted as education and instructions. The treatment plan included: unicompartmental replacement arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee unicompartmental 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 and Leg Chapter.

Decision rationale: The CA MTUS/ACOEM is silent on the issue of unicompartmental knee replacement. According to the ODG Knee and Leg section, unicompartmental knee replacement is a 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, BMI is not provided. The request does not meet guideline criteria and is not medically necessary.

Associated Surgical Service: Recovery wrap: 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: CPM machine: 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: Front wheeled walker: 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: Commode: 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: Xarelto 10mg #14, BID for 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.

Associated Surgical Service: Oxycontin 30mg #20, BID for 10 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.

Associated Surgical Service: Percocet 10/325mg #60, 1-2 every 4-6 hrs PRN pain: 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.