

Case Number:	CM15-0126571		
Date Assigned:	07/13/2015	Date of Injury:	02/04/2013
Decision Date:	09/22/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/30/2015

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 66 year old male who sustained an industrial/work injury on 2/4/13. He reported an initial complaint of left knee pain as well as neck, right shoulder, and right wrist. The injured worker was diagnosed as having left knee degenerative joint disease and left knee meniscal tears. Treatment to date includes medication, diagnostics, cortisone injection, physical therapy, and chiropractic therapy. MRI results were reported on 3/31/15 and 6/18/13. X-ray results reported on 8/12/14 and 6/18/13. Currently, the injured worker complained of left knee pain along with neck pain with radiation down into the arm and towards the elbow. Per the primary physician's report (PR-2) on 4/23/15, reveals diffuse tenderness to palpation over the medial and lateral joint lines, retropatellar pain with patellar compression, pain at terminal range of motion with palpable patellofemoral crepitus. There is tenderness to palpation and spasm over the upper trapezius on the right, sternocleidomastoid, splenius, and levator scapulae on the right, decreased cervical lordosis, tenderness to palpation to the right elbow over the olecranon on the right, positive Tinel's test on the right, and decreased sensation to light touch in two point discrimination in all fingers of the hand. Current plan of care included surgery. The requested treatments include Left Knee Arthroplasty, Associated surgical service: 2-3 Day Hospital Stay, Associated surgical service: Assistant Surgeon, Associated surgical service: Medical Clearance, Post-operative physical therapy for the left knee, three times a week for four weeks, Associated Surgical Service: Ice machine, 7 day rental, and Associated Surgical Service: Continuous passive motion (CPM), 21 day rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left 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 (ODG), Knee and Leg, Knee joint replacement, Knee arthroplasty.

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 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 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 request is not medically necessary.

Associated surgical service: 2-3 Day Hospital Stay: 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: Assistant Surgeon: 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: Medical Clearance: 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 operative physical therapy for the left knee, three times a week for four 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 Service: Ice machine, 7 day rental: 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: Continuous passive motion (CPM), 21 day rental: 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.