

Case Number:	CM15-0145796		
Date Assigned:	08/07/2015	Date of Injury:	04/02/2012
Decision Date:	10/09/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/27/2015

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

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 53 year old female, who sustained an industrial injury on 4-2-12. The injured worker has complaints of anterior knee pain. The documentation noted that there is moderate amount of patellofemoral crepitation and pain with patellar compression. The diagnoses have included osteoarthritis, unspecified whether generalized or localized, lower leg. Treatment to date has included magnetic resonance imaging (MRI) of the right knee on 4-21-15 showed intercurrent appearance of a peripheral oblique undersurface tear at the body-posterior horn junction of the medial meniscus with mild perimeniscal inflammation, no displaced meniscal flap; oral anti-inflammatory medications; cortisone and viscosupplementation. The request was for right knee patella femoral arthroplasty; associated service assistant surgeon, inpatient stay for three days, ice machine right knee, front wheel walker right knee, 3 in 1 commode, crutches and continuous passive motion (duration and frequency unspecified); pre-op labs for complete blood count, comprehensive metabolic panel, prothrombin time, partial thromboplastin time (PTT) , urinalysis, electrocardiogram and medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Patello Femoral Arthroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bibliography 1.) Akhbari P, Malak T, Dawson-Bowling S, East D, Miles K, Butler-Manuel PA. The Avon Patellofemoral Joint Replacement: Mid-Term Prospective Results from an Independent Centre. Clin Orthop Surg. 2015 Jun; 7(2):171-6. doi:10.4055/cios.2015.7.2.171. Epub 2015 May 18. PubMed PMID: 26217462; PubMed Central PMCID: PMC4515456. 2.) Hoogervorst P, de Jong RJ, Hannink G, van Kampen A. A 21 % conversion rate to total knee arthroplasty of a first-generation patellofemoral prosthesis at a mean follow-up of 9.7 years. Int Orthop. 2015 Aug 1. [Epub ahead of print] PubMed PMID: 26231494. 3.) Odumenya M, Costa ML, Parsons N, Achten J, Dhillon M, Krikler SJ. The Avon patellofemoral joint replacement: Five-year results from an independent centre. J Bone Joint Surg Br. 2010 Jan;92(1):56-60. doi: 10.1302/0301-620X.92B1.23135. PubMed PMID: 20044679.

Decision rationale: CA MTUS/ACOEM and ODG are silent on patellofemoral Arthroplasty. Alternative guidelines were thus sought. A review of the peer literature demonstrates insufficient high quality evidence to permit conclusions regarding patellofemoral arthroplasty for isolated patellofemoral osteoarthritis. The majority of the clinical reports are isolated to cases series and not high quality randomized controlled trials or cohorts. Akhbari et al in 2015 reported on a case series of 57 patients followed for 5 years and reported good functional outcomes in medium term results. Hoogervorst reported on 24 patients with a mean follow up of 9.7 years and demonstrated a 21% conversion rate from patellofemoral arthroplasty to total knee. Odumenya et al in 2010 reported on a case series of 32 patients who underwent 50 patellofemoral replacements with a mean follow up of 5.3 years and demonstrates satisfactory outcome in the medium term. In summary, there is insufficient evidence to permit conclusions on net health outcomes in the absence of well-designed and executed randomized controlled trials with adequate follow-up regarding patellofemoral arthroplasty. Therefore the request is not medically necessary.

Associated service: Assistant Surgeon: 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), Low Back, (updated 5/15/15), Online Version, Surgical Assistant.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.aaos.org/about/papers/position/1120.asp>.

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

Associated service: Inpatient Stay for 3 days: 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 & Leg (updated 7/10/15), Online Version, Hospital Length of Stay (LOS).

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, Hospital length of stay.

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

Pre-op Labs: CBC: 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), Low Back, preoperative lab testing, Criteria for preoperative lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Preoperative testing.

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

Pre-op Labs: CMP: 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), Low Back, preoperative lab testing, Criteria for preoperative lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Preoperative testing.

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

Pre-op Labs: PT/PTT: 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), Low Back, preoperative lab testing, Criteria for preoperative lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Preoperative testing.

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

Pre-op Labs: Urinalysis: 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), Low Back, preoperative lab testing, Criteria for preoperative lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Preoperative testing.

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

Pre-op EKG: 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), Low Back (updated 5/15/15), Online Version, Criteria for preoperative electrocardiogram (ECG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Preoperative testing.

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

Pre-op Medical Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.guideline.gov/consent.aspx?id=48408, perioperative protocol Health care protocol.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Preoperative testing.

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

Associates service: Ice Machine 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 & Leg (updated 7/10/15), Online Version, Continuous flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg, Continuous flow cryotherapy.

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

Associates service: Front Wheel Walker, 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 & Leg Chapter (updated 7/10/15), Online Version, Walking Aids (canes, crutches, braces, orthoses & walkers).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG knee and leg chapter, Walking aids.

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

Associated service: 3 in 1 commode: 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 ODG Knee and Leg, DME toilet items.

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

Associated service: Crutches: 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 & Leg Chapter (updated 7/10/15), Online Version, Walking Aids (canes, crutches, braces, orthoses & walkers).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG knee and leg chapter, Walking aids.

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

Associated service: Continuous Passive Motion (duration & frequency unspecified): 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 and Leg, CPM.

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