

Case Number:	CM15-0162812		
Date Assigned:	09/08/2015	Date of Injury:	03/06/2009
Decision Date:	11/12/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/19/2015

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 68 year old female with an industrial injury dated 03-16-2009. Her diagnosis is osteoarthritis of right knee. Prior treatment included left rotator cuff repair, injections in knee, physical therapy and medications. She presented on 07-02-2015 with complaints of bilateral knee pain. She takes Tramadol three times per day. She was currently walking with a cane. She has not worked since 2009. Physical exam noted the injured worker used her arms to arise from a chair and guards her lumbar spine. The right knee showed decreased patellofemoral mobility and patellofemoral tenderness. She had medial joint line tenderness with slight effusion. Right knee x-ray is in the chart and dated 07-02-2015. The documented impression is collapse of the medial joint space of the right knee with associated degenerative changes. The provider documents she is a candidate for a total knee replacement and the injured worker indicated that she was interested in proceeding with surgery. The treatment request is for the following: Two day in patient stay. Right total knee arthroplasty. Physical therapy x 18. Physical Therapy evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right total knee arthroplasty: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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. In this case, there is adequate evidence of radiographic arthritis and failed non-surgical therapies including injection management. The initial UR mischaracterizes the involvement of the knee as 1 of 3 compartments where the documentation states medial and patellofemoral are equally involved (2 of 3 compartments). For this reason, the request is medically necessary and appropriate.

Two day in patient stay: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 length of stay following total knee arthroplasty. According to ODG Knee and Leg, 3 days is the best practice for a knee replacement. This request conforms with guidelines and is medically necessary.

Physical Therapy evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

Decision rationale: CA MTUS post-surgical treatment guidelines do not differentiate between evaluative and treatment session for physical therapy after surgery. In this case, the therapy sessions in total both treatment and evaluative are categorized together and there is no rationale provided why an additional evaluation is needed. Based on this the request is not medically necessary.

Physical therapy x18: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

Decision rationale: Per the CA MTUS/Post Surgical Treatment Guidelines, page 24, arthroplasty of the knee recommends 24 visits over 10 weeks with a post surgical treatment period of 4 months. The guidelines recommend of the authorized visit initially therefore 12 visits are medically necessary. As the request exceeds the 12 visits, the request is not medically necessary.