

<b>Case Number:</b>	CM15-0165787		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	08/12/2013
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: New York, Montana

Certification(s)/Specialty: Neurological 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 57-year-old female, who sustained an industrial injury on August 12, 2013. She reported multiple orthopedic injuries. The injured worker was currently diagnosed as having tendinitis and impingement syndrome of the right shoulder, asymptomatic right wrist, myoligamentous lumbar spine sprain and strain, degenerative joint disease of the left knee and right knee probable chondromalacia. Treatment to date has included diagnostic studies, left knee surgery and medication. On June 2, 2015, the injured worker complained of low back, right shoulder and bilateral knee pain with associated weakness in the leg and knee. The pain was rated as a 2-3 on a 1-10 pain scale with rest and a 5-10 on the pain scale with activity. She reported continued mild to moderate discomfort with walking, standing, weight-bearing activity, standing from a seated position and walking up and down stairs. The injured worker was noted to be waiting for authorization for a left total knee arthroplasty. The treatment plan included hot and cold modalities, stretching and activity as tolerated. On August 13, 2015, utilization review denied a request for left unicondylar arthroplasty, assistant surgeon, post-operative home physical therapy two times four for the left knee, four home health visits and cold compression unit thirty-day rental.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left unicondylar 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, Knee and Leg.

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

**Decision rationale:** The Official Disability Guidelines do recommend knee arthroplasty if the patient has nocturnal joint pain and a limited range of motion and failure with conservative therapy and significant loss of chondral clear space. Documentation does not provide evidence to meet these criteria. Therefore, the requested treatment is not medically necessary and appropriate.

**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.

**Post-operative home physical therapy, 2 times a week for 4-weeks, for the left knee: 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: Four home health visits: 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: Cold compression unit (30-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.