

Case Number:	CM15-0172884		
Date Assigned:	10/07/2015	Date of Injury:	07/09/2013
Decision Date:	11/18/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/02/2015

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 60-year-old female, with a reported date of injury of 07-09-2013. The diagnoses include right knee sprain, status post right knee arthroscopic surgery, left knee sprain, osteoarthritis of the bilateral knees, right knee lateral and medial meniscus tear, bilateral knee internal derangement, and chondromalacia patella. Treatments and evaluation to date have included right knee surgery on 05-15-2015, Aleve, right knee steroid injection on 06-25-2015, and physical therapy. The diagnostic studies to date have included computerized range of motion test on 02-11-2015; an x-ray of the right knee on 05-14-2015 which showed moderate tricompartmental osteoarthritis; an x-ray of the left knee on 05-14-2015 which showed tricompartmental osteoarthritis; an MRI of the left knee on 01-31-2014 which showed tears of both medial and lateral menisci, complete tear of the anterior cruciate ligament, degenerative changes of the knee, knee effusion, and a small Baker's cyst. The orthopedic follow-up examination report dated 06-25-2015 indicates that the injured worker presented with complaints of continued pain in the bilateral knees. The objective findings included tenderness to palpation over the right knee; and evidence of crepitus and effusion in the right knee. The injured worker was placed on total temporary disability for the following six weeks. The treatment plan included a steroid injection into the right knee, and the recommendation for a total left knee replacement. The orthopedic examination report dated 08-06-2015 indicates that the injured worker reported increased pain to the left knee, which was rated 9 out of 10. She also reported right knee pain. It was noted that the injured worker was unable to perform any exercise on the left knee due to pain. The objective findings for the left knee included palpable tenderness to the medial joint line with notable locking. The objective findings for the right knee showed palpable

tenderness to the medial and lateral joint line. The treating physician recommended a left knee total knee replacement due to the injured worker's persistent signs and symptoms and failed conservative care. The injured worker's work status was not indicated. The request for authorization was dated 08-06-2015. The treating physician requested left total knee replacement with eight associated services and a steroid injection to the right knee (date of service: 06-25-2015). On 08-18-2015, Utilization Review (UR) non-certified the request for left total knee replacement with eight associated services and a steroid injection to the right knee (date of service: 06-25-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Left total knee 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).

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 no clear radiographic evidence of significant chondral clear space loss in 2 of 3 compartments on standing radiographs. Further, the BMI is not reported. The request is not medically necessary.

Post-op physical therapy x 24 sessions: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: Shower chair: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: Cold therapy unit: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: Knee brace: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: 3-in-1 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Retrospective steroid injection to the right knee, DOS: 6/25/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care.

Decision rationale: CA MTUS/ACOEM Chapter 13, pages 337 and 346 states that cortisone injections are optional in the treatment of knee disorders but are not routinely indicated. The exam notes from 6/25/15 do not demonstrate objective findings related to the affected knee indicative of functional deficits to support the necessity of cortisone injection into the knee. In addition, there is a lack of conservative care given to the knee prior to the determination to warrant cortisone injection. The request therefore is not medically necessary and appropriate.