

Case Number:	CM15-0175993		
Date Assigned:	09/23/2015	Date of Injury:	01/24/2013
Decision Date:	11/20/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/08/2015

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:

On 6-26-2015, the injured worker reports increased left knee pain with some swelling. Her pain is rated 9 out of 10. She reports aggravation of her pain with ascending stairs. The physical exam (6-26-2015) reveals the injured worker weighs 313. The left ankle range of motion included extension of 180 degrees and flexion of 50 degrees. There is a positive McMurray's test, medial joint line tenderness, and a positive Chondromalacia patellar compression test of the left knee. On May 12, 2015, an MRI of the left knee revealed moderate degenerative arthritis of the knee joints osteophytes, joint space reduction, and chondromalacia. There was a tear of the posterior horn of the medial meniscus, anterior cruciate ligament tear, sprain of posterior cruciate ligament, cystic area at the origin of the medial gastrocnemius muscle, and a Baker's cyst. Surgeries to date have included a left knee arthroscopic medial and lateral meniscectomies, shaving of articular cartilage in the medial compartment, patellofemoral and lateral compartment; lysis of adhesions, and extensive synovectomy on 9-21-2013. Treatment has included physical therapy, off work, and medications including short and long-acting pain, antidepressant, sleep, and muscle relaxant. Per the treating physician (6-26-2015 report), the injured worker is temporarily totally disabled. On 6-26-2015, the requested treatments included a left total knee replacement, 3-4 day inpatient stay, surgical clearance by internal medicine, 3 visits of home health care, 12 visits of physical therapy for the left knee, Norco 10-325mg, continuous passive motion (CPM) machine for 3 weeks, Xarelto 10mg #10, a front wheeled walker, and surgery consultation. On 8-11-2015, the original utilization review non-certified a request for a left total knee replacement, 3-4 day inpatient stay, surgical clearance by internal

medicine, 3 visits of home health care, 12 visits of physical therapy for the left knee, Norco 10-325mg, continuous passive motion (CPM) machine for 3 weeks, Xarelto 10mg #10, a front wheeled walker, and surgery consultation as the injured worker does not meet the criteria for a total knee replacement and the associated services are not indicated.

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. The request is not medically necessary.

Associated Service: 3-4 day inpatient 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Surgical clearance by internal medicine: 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 Service: Home health care, x3 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post-op physical therapy for the left knee, x12 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Norco 10/325mg (unknown quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. In this case, there is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity due to medications. Therefore the request is not medically necessary.

Associated Service: CPM machine, 3 weeks rentals: 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.

Xarelto 10mg, #10: 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 Service: Front wheeled walker, purchase: 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.

Surgery consultation: 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.