

Case Number:	CM15-0046665		
Date Assigned:	03/18/2015	Date of Injury:	02/07/2014
Decision Date:	05/15/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/11/2015

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, Sports Medicine

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 44-year-old female who reported an injury on 02/07/2014. The mechanism of injury was not provided. She was diagnosed with left knee arthritis and status post left knee bio cartilage reconstruction with partial meniscectomy. An MRI of the left knee was performed on 02/06/2015. The MRI report indicated that the injured worker had 2 previous surgeries, with 1 in 06/2013 and 1 in 07/2014. The MRI revealed interval development of mild to moderate tendinopathy through the proximal patellar tendon; persistent full thickness cartilage defect along the lateral patellar facet; medial meniscal chronic and postsurgical changes without evidence of a re-tear; small joint effusion; and mild tricompartmental osteoarthritic spurring. The MRI was also noted to reveal mild surface irregularities of the medial weight bearing compartment cartilage and complete absence of the articular cartilage along the central aspect of the lateral patellar facet. The injured worker's past treatments were noted to include postoperative physical therapy following her 07/2014 surgery and medications. Her symptoms were noted to include significant left knee pain. Objective findings included tenderness along the medial joint line, crepitus with range of motion, and a positive McMurray's sign. A recommendation was made for a left total knee arthroplasty due to the injured worker's persistent significant knee pain and discomfort and full thickness cartilage loss per MRI. Associated services were also requested to include an assistant surgeon, Xarelto, postoperative physical therapy, and a cold therapy unit. However, specific rationale for these associated services was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total Left 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), Knee and Leg Procedure Summary.

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

Decision rationale: According to the Official Disability Guidelines, a total knee replacement is recommended for patients with imaging evidence of osteoarthritis in 2 of the 3 compartments. Additionally, the patient needs to have failed conservative treatment such as exercise therapy, physical therapy, NSAIDs, viscosupplementation injections, and/or steroid injections. Subjective clinical findings should include limited range of motion to less than 90 degrees, nighttime joint pain, and significant functional limitations. The patient also needs to be over age 50 with a body mass index of less than 40. The clinical information submitted for review indicated that the injured worker does have significant evidence of osteoarthritis on recent MRI in 2 compartments. Additionally, she was noted to have significant pain and previous surgical intervention. However, the documentation failed to include details regarding her conservative treatment to date. She was noted to have been treated with Norco for pain and documentation of 2 postoperative physical therapy visits was provided. However, it was unclear whether she has failed an adequate course of recent physical therapy or whether she was participating in a home exercise program. In addition, the documentation did not indicate that she has been treated with an adequate course of NSAID medications, viscosupplementation injections, or cortisone injections. Moreover, she is under age 50 and her body mass index is 48.2, which exceeds the guidelines limit of 40. There was also inadequate documentation outlining restricted range of motion to less than 90 degrees, nighttime pain, and functional limitations. For these reasons, the injured worker does not meet the criteria for total knee replacement at this time. Therefore, the request is not medically necessary.

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.

Xarelto: 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 Physical Therapy (12-sessions, 2 times a week for 6 weeks): 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 Therapy (to be done at [REDACTED]): 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.