

Case Number:	CM15-0068148		
Date Assigned:	04/15/2015	Date of Injury:	04/01/2011
Decision Date:	05/21/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/10/2015

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: Minnesota, Florida
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 61 year old male, who sustained an industrial injury on April 1, 2011. Per utilization review summary he reported low back pain, neck pain, bilateral knee pain, anxiety and depression. The diagnosis pertaining to his knees was osteoarthritis and a torn meniscus. The MRI report has not been submitted. He underwent a right total knee arthroplasty per a radiology report of March 5, 2014 pertaining to x-rays dated 2/18/2014. A left total knee arthroplasty and post-operative physical therapy have been requested. Utilization Review noncertified the request noting lack of documentation pertaining to a recent physical examination, treatment provided, BMI, range of motion of the knee, and functional deficits required by guidelines. ODG guidelines were cited. The necessary information is not included in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Total Left Knee Replacement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online Edition, Indications for Surgery- Knee arthroplasty.

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

Decision rationale: The injured worker is a 61-year-old male with a date of injury of 4/1/2011. He currently has left knee pain with osteoarthritis and a meniscal tear. Per radiology report he has undergone a right total knee arthroplasty. X-rays of the left knee dated 3/19/2014 were reported to show tibiofemoral osteoarthritis and probable atherosclerosis. Per utilization review notes an examination of 2/4/2015 indicated knee pain with tenderness at the medial joint line, positive McMurray, and decreased range of motion. A left total knee arthroplasty was requested. The request was noncertified by utilization review for lack of a recent physical examination to support functional deficits consistent with severe osteoarthritis. A radiology report dated March 5, 2014 pertains to x-rays of both knees obtained on 2/18/2014. No lateral view was submitted. A total knee prosthesis was seen on the right without evidence of hardware failure, loosening or infection. The alignment of the left knee was maintained. Bone density was adequate. Joint space narrowing and osteophyte formation was seen, moderate at the medial femorotibial joint and mild at the lateral femorotibial joint. A well-defined ovoid calcific density measuring 7 mm x 5 mm was seen at the midportion of the knee joint. This may represent a calcific loose body but a lateral projection was felt to be needed for characterization. The knee joint space was reduced to 2.2 mm. ODG guidelines for a total knee arthroplasty include radiographic evidence of involvement of two out of three compartments, conservative care with exercise therapy, and medications or Viscosupplementation or corticosteroid injections PLUS subjective clinical findings of limited range of motion less than 90 degrees for total knee replacement and nighttime joint pain and no pain relief with conservative care and documentation of current functional limitations demonstrating necessity of intervention PLUS objective clinical findings of age over 50 and body mass index of less than 40 PLUS imaging clinical findings of osteoarthritis on standing x-rays documenting significant loss of chondral clear space in at least one of the 3 compartments with varus or valgus deformity an indication with additional strength. The available medical records do not include a recent physical examination, subjective complaints, objective findings, imaging findings, or documentation indicating the treatment provided to date including a recent comprehensive nonoperative rehabilitation program with trial/failure on the basis of which a total knee arthroplasty is requested. There is also no documentation of range of motion, BMI, or functional deficits. As such, the guideline requirements for a total knee arthroplasty have not been met and the medical necessity of the request has not been substantiated.

12 Post-Operative Physical Therapy Visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online Edition, Indications for Surgery- Knee arthroplasty.

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

Decision rationale: Since the primary surgical procedure is not medically necessary, the associated surgical requests are also not medically necessary.