

Case Number:	CM15-0071604		
Date Assigned:	05/01/2015	Date of Injury:	10/27/2011
Decision Date:	07/08/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/15/2015

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: Illinois, California, Texas
 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 49-year-old female who sustained an industrial injury on 10/27/11. Injury occurred when she was walking on an expanded metal walkway, tripped and fell 6 to 8 inches to the ground landing on her right side. She underwent a right knee arthroscopy. The 10/16/14 right knee MRI impression documented mild prepatellar bursal edema with mild patellar tendinopathy, mild pes anserine bursitis, and mild tricompartmental osteoarthritis. Findings documented tricompartmental articular cartilage thinning, compatible with early changes of osteoarthritis. Review of the progress reports from 10/1/14 to 2/27/15 documented slight worsening of the clinical presentation. There was documentation of limited right shoulder range of motion and positive impingement testing with complaints of on-going pain. There was evidence of a low back radicular pain pattern, limited lumbar range of motion with tenderness, and positive straight leg raise. There was an on-going chief complaint of right knee pain with crepitance noted throughout limited range of motion with 1+ effusion that failed to improve with viscosupplementation. The 3/20/15 treating physician report cited subjective complaints of grade 8/10 right knee pain, grade 6/10 low back pain with right greater than left lower extremity symptoms, grade 5/10 thoracic pain, and grade 5/10 right shoulder pain. Medications at current doses facilitated maintenance of activities of daily living, increased exercise tolerance, and greater range of motion. Right knee exam documented tenderness and range of motion 0-90 degrees. Right shoulder exam documented tenderness over the anterior shoulder and acromioclavicular joint. Lumbar spine exam documented tenderness, limited range of motion, and positive straight leg raise. The diagnosis was moderate to severe right knee osteoarthropathy, status post remote right knee arthroscopy, right shoulder chronic impingement syndrome, and right lumbar radiculopathy. The treatment plan requested right total knee arthroplasty, lumbar spine MRI, bilateral lower extremity EMG/NCV, and right shoulder MRI. Medications were also requested, including Tramadol, Hydrocodone, naproxen sodium,

Pantoprazole, and cyclobenzaprine. Authorization was requested for right total knee replacement, assistant surgeon, left spine MRI, bilateral lower extremity EMG/NCV, and right shoulder MRI. The 3/30/15 utilization review non-certified the right total knee replacement and associated surgical assistant as there was no documentation of night time pain or x-rays documenting significant loss of chondral space. The request for lumbar spine MRI was non-certified as a previous MRI was performed on 5/4/12 and there was no specific change in neurologic findings noted in the presented documentation. The request for bilateral lower extremity electrodiagnostic studies was non-certified as the prior study in July 2012 was normal. The request for right shoulder MRI was non-certified as there was no documentation of shoulder dysfunction, significant of impingement, or positive orthopedic testing presented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right 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 and Leg: Knee joint replacement.

Decision rationale: The California MTUS does not provide recommendations for total knee arthroplasty. The Official Disability Guidelines recommend total knee replacement when surgical indications are met. Specific criteria for knee joint replacement include exercise and medications or injections, limited range of motion (< 90 degrees), night-time joint pain, no pain relief with conservative care, documentation of functional limitations, age greater than 50 years, a body mass index (BMI) less than 40, and imaging findings of osteoarthritis. Guideline criteria have not been met. This injured worker presents with worsening right knee pain. Clinical exam findings demonstrate limited range of motion 0-90 degrees, effusion and crepitus. There is imaging evidence of mild tricompartmental osteoarthritis. There is no documentation of night-time pain, specific functional limitation, or body mass index. The patient is less than 50 years old. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Medications reportedly provide pain relief and functional improvement. Therefore, this request is not medically necessary at this time.

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 service are medically necessary.

MRI lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back ½ Lumbar & Thoracic: MRIs (magnetic resonance imaging).

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

EMG and NCV of the bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back ½ Lumbar and Thoracic, Nerve conduction studies (NCS).

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

MRI right shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

Decision rationale: The California MTUS ACOEM guidelines do not recommend shoulder imaging during the first month to six weeks of activity limitation due to shoulder symptoms, except when a red flag is noted. Routine MRI is not recommended for evaluation of shoulder complaints without surgical indications. Guideline criteria for ordering imaging studies include emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. Guideline criteria have been met. This injured worker presents with persistent right shoulder pain status post trauma. Clinical exam findings are consistent with impingement. Therefore, this request is medically necessary.

