

Case Number:	CM15-0073830		
Date Assigned:	05/04/2015	Date of Injury:	12/07/2009
Decision Date:	06/29/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/17/2015

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 62 year old male, who sustained an industrial injury on 12/7/09. He reported pain in the back, leg, and left lower hip. The injured worker was diagnosed as having osteoarthritis of the right knee, chronic disruption posterior cruciate ligament, anterolateral tibial plateau fracture, medial meniscus tear, marginal lateral meniscus tear, lateral patella tilt/subluxation, chronic sprain of the lateral collateral ligament, and right patella fracture with retained anterior hardware. Injuries prior to the industrial related injury included right patella fracture in 1994 with subsequent hardware removal and abrasion chondroplasty of patella for loss of cartilage. Treatment to date has included physical therapy, epidural injections, fusion at L5-S1 on 1/19/11, and medications. A MRI of the right knee obtained on 1/14/15 revealed a posterior horn medial meniscus tear, likely posterior cruciate ligament sprain or avulsion off of the posterior tibia, anterolateral depression of the tibial plateau. Lateral meniscus marginal tears and lateral patellar tilt. Currently, the injured worker complains of chronic right knee pain. The treating physician requested authorization for a right total knee replacement, lateral retinacular release for patellar tilt, synovectomy right knee, and removal of wire right patella. Associated surgical services included inpatient LOS #3 days, skilled nursing #7 days, and a surgical assistant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Total Knee Replacement, Lateral Retinacular Release for Patellar Tilt, Synovectomy Right Knee, and Removal of Wire Right Patella: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for Surgery, Knee Arthroplasty.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Knee joint replacement.

Decision rationale: The MRI scan of the right knee dated 1/14/2015 revealed hypoplasia or aplasia of a portion of the posterior cruciate ligament. There appeared to be a large transverse meniscal ligament in association. Mild thickening of the medial collateral ligament was suggestive of a prior sprain, probable calcification within the posterior horn medial meniscus with small inner marginal tear of the posterior junctional zone, truncation and inner marginal tearing of the body of the lateral meniscus, moderate medial and patellofemoral compartment osteoarthritis, small effusion, magnetic susceptibility artifact in association with the patella from prior patellar surgery, and diffuse patellar and quadriceps tendinopathy. The ODG criteria for a total knee arthroplasty include: 2 of the 3 compartments are affected; there has been conservative care with exercise therapy which may include supervised PT or home rehabilitation exercises and medications including NSAIDs, Viscosupplementation, or corticosteroid injections plus subjective clinical findings of limited range of motion less than 90 degrees for a total knee arthroplasty and no pain relief with conservative care and nighttime joint pain 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 and 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 or previous arthroscopy documenting advanced chondral erosion or exposed bone. In this case the documentation submitted does not include evidence of a comprehensive nonoperative treatment program with exercise rehabilitation and injections. Standing x-rays demonstrating significant loss of chondral clear space in at least one of the 3 compartments have not been submitted. The MRI scan shows moderate osteoarthritis in 2 compartments. Without the documented evidence of conservative care, the guidelines do not support a total knee arthroplasty. As such, the request for a total knee arthroplasty is not supported and the medical necessity of the request has not been substantiated. Since the primary surgical procedure is not supported, the associated surgical procedures of lateral retinacular release, synovectomy, and removal of wire, right patella are also not supported.

Associated surgical service: Inpatient LOS QTY: 3 (days): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Length of Stay (LOS) Guidelines, Knee Replacement.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Knee joint replacement.

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

Associated surgical service: Skilled Nursing QTY: 7 (days): 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 ODG: Section: Knee, Topic: Knee joint replacement.

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

Surgical Assistant: 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 ODG: Section: Knee, Topic: Knee joint replacement.

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