MAXIMUS Federal Services

Case Number:	CM15-0091406		
Date Assigned:	05/19/2015	Date of Injury:	07/06/2013
Decision Date:	08/11/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/12/2015

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: New York
Certification(s)/Specialty: Neurological 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 47 year old male, who sustained an industrial injury on 07/06/2013. He has reported injury to the left knee. The diagnoses have included status post left knee anterior cruciate ligament reconstruction with improving stability and quadriceps function; and left knee symptomatic grade 4 medial femoral condyle osteochondral defect with postmeniscectomy medial compartment arthrosis. Treatment to date has included medications, diagnostics, ice, strengthening exercises, injections, bracing, physical therapy, and surgical intervention. Medications have included anti-inflammatories and Tylenol. A progress note from the treating physician, dated 03/16/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of constant medial knee pain, worse with standing, prolonged walking, going up and down stairs, and crouching; does not feel like his knee is unstable; and he mainly has pain and then some degree of swelling. Objective findings included some degree of quadriceps atrophy of about 2 cm and 4+ to 5-/5 quadriceps strength; decreased range of motion; diffuse tenderness over the medial femoral condyle; trace laxity to anterior drawer and Lachman's sign with relative firm endpoint; and negative pivot shift. The treatment plan has included the request for left knee medial compartment unicompartmental arthroplasty; three day inpatient hospital stay; seven day stay at extended care; medical clearance; dental clearance; [redacted] blood service: one pint of autologous; and associated surgical services: six home physical therapy visits; twelve outpatient physical therapy visits; CPM (continuous passive motion) rental for 21 days; front wheel walker; and 3 in 1 shower chair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee medial compartment unicarpmental arthroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Replacement Chapter-Knee joint replacement.

Decision rationale: The California MTUS guidelines emphasize the importance of weight bearing exercises in the treatment of knee pain. Documentation does not contain evidence of this program. The ODG guidelines similarly recommend supervised physical therapy and a home rehab exercise program and the documentation does not provide this evidence. The ODG guidelines recommend consideration for surgery if the patient has nighttime joint pain. Continued complaints of nighttime pain are not found. The requested treatment: Left knee medial compartment unicarpmental arthroplasty is not medically necessary and appropriate.

Three day inpatient hospital 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Seven day stay at extended care: 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.

Medical clearance: 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.

Dental clearance: 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.

[redacted] **blood service, one pint of autologous:** 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: Six home physical therapy 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Surgical Service: Twelve outpatient physical therapy 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Surgical Service: CPM rental for 21 days: 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: Front wheel walker: 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: 3 in 1 shower chair: 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.