

Case Number:	CM13-0001785		
Date Assigned:	12/11/2013	Date of Injury:	05/24/2011
Decision Date:	02/04/2014	UR Denial Date:	07/11/2013
Priority:	Standard	Application Received:	07/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 49-year-old female injured 05/24/11. Clinical records in this case indicate an injury to the left knee for which recent clinical findings show degenerative changes to the patella. A recent assessment of 08/28/13 with [REDACTED] indicated chondromalacia to the patella as a current working diagnosis with no further imaging noted. It states the left knee was with negative McMurray's testing, negative drawer testing, 5 degree flexion contracture, and motion to 120 degrees with an effusion. It indicates failed conservative care has been provided. No other imaging is noted to date. At present there is request for a total joint arthroplasty for further intervention in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Total Knee Arthroplasty-Left Knee: 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 TWC Knee & Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -- Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Knee joint replacement

Decision rationale: California MTUS Guidelines are silent; when looking at ODG criteria the role of surgical intervention would not be indicated. Clinical records for review indicate the claimant is with degenerative changes to the patellofemoral joint with no indication of weightbearing changes to the medial or femoral compartments. Conservative care is not well documented or supported in this individual who is less than 50 years old with a non-documented body mass index. The above would fail to necessitate the role of an acute need of total joint arthroplasty given the claimant's current clinical setting.