

Case Number:	CM13-0007940		
Date Assigned:	09/06/2013	Date of Injury:	01/30/2012
Decision Date:	12/18/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/06/2013

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. The expert 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 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/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:

This is a 66 year old male with a 1/30/12 injury date. He was in the back of a truck unloading tired when he slipped and injured his left knee. A 9/18/14 clinic note indicated that the patient had a left total knee arthroplasty on 10/2/13, and there is now loosening of the implants that will require revision arthroplasty. There was a single clinical note (7/2/13) available in the documentation that is relevant to the time period before the surgery was performed. In that note, the patient complained of continued left knee pain and discomfort despite a recent injection. Objective findings included appropriate left knee range of motion, no effusion or swelling, minimal limp, and no neurovascular deficits. The provider performed a second Synvisc injection without complications, and the recommendation was to continue the injections. Diagnostic impression: left knee osteoarthritis. Treatment to date: knee sleeve, arthroscopic meniscectomy and debridement, cortisone injection, Synvisc injection. A UR decision on 7/25/13 denied the request for outpatient left total knee arthroplasty because the patient's body mass index (BMI) was 40.8, which was above the recommendations in the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Left Knee Total Arthroplasty: 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),

Treatment in Workers Compensation, Web- Based Edition,
http://www.dir.ca.gov/t8/ch_45sb1a5_5_2.html.

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

Decision rationale: CA MTUS does not address this issue. ODG criteria for TKR include conservative care including Visco supplementation injections OR Steroid injection, limited range of motion, nighttime joint pain, and no pain relief with conservative care; over 50 years of age AND Body Mass Index of less than 35; and osteoarthritis on imaging or arthroscopy report. However, there is a lack of documentation that is relevant to the time period in question, which is the time before the primary left knee replacement was performed. There is not enough clinical information to support the request. In addition, there is limited evidence-based literature to support the procedure on an outpatient basis. Therefore, the request for Outpatient Left Knee Total Arthroplasty is not medically necessary.