

Case Number:	CM13-0011534		
Date Assigned:	07/02/2014	Date of Injury:	02/08/2011
Decision Date:	07/30/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/14/2013

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:

The injured worker is a 45-year-old female who reported an injury on 02/08/2011. The mechanism of injury was not specifically stated. Current diagnoses include right knee internal derangement, right knee chondromalacia of the patella, right knee lateral meniscal tear, status post right knee arthroscopy, stress, anxiety, depression, sleep disturbance, psychological complaints, lower back pain, and weight gain. The injured worker was evaluated on 07/01/2013, with complaints of worsening lower back pain and right knee pain. Physical examination of the right knee revealed tenderness to palpation over the medial joint line, crepitation, 0 to 105 degree flexion, negative instability, and 4/5 muscle strength in the quadriceps and hamstring. X-rays of the right knee obtained in the office on that date indicated moderate osteoarthritic changes of the knee joint. Treatment recommendations included authorization for a right total knee arthroplasty. It is noted that the injured worker underwent an MRI of the right knee on 09/09/2012, which indicated a prior meniscectomy, a possible horizontal tear in the anterior horn of the lateral meniscus, partial thickness tear of the anterior cruciate ligament, tricompartmental chondromalacia, tricompartmental osteoarthritis, and joint effusion.

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 ODG Knee and Leg Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Knee Joint Replacement.

Decision rationale: The ACOEM Guidelines state a referral for surgical consultation may be indicated for patients who have activity limitations for more than 1 month and a failure of exercise programs to increase range of motion and strength around the musculature. Official Disability Guidelines state a knee arthroplasty is indicated for patients with 2 out of 3 compartments affected. Conservative treatments should include exercise therapy, medications, and viscosupplementation or steroid injections. As per the documentation submitted, the injured worker has been previously treated with physical therapy, acupuncture, and cortisone injections. The injured worker's MRI of the right knee does indicate tricompartmental osteoarthritis. X-rays obtained in the office on the requesting date also indicated moderate osteoarthritic changes of the knee joint. However, the Official Disability Guidelines recommend a knee joint replacement for patients over 50 years of age with a body mass index of less than 35. The injured worker is less than 50 years of age and current height and weight remain undocumented. Therefore, the injured worker does not currently meet criteria as outlined by the Official Disability Guidelines for the requested procedure. As such, the request is not medically necessary and appropriate.