

Case Number:	CM13-0018641		
Date Assigned:	10/11/2013	Date of Injury:	07/12/2005
Decision Date:	01/24/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	08/30/2013

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:

This patient is a 62-year-old female with date of injury of 7/12/05. Patient documented to be with failure of conservative treatment including injections, physical therapy, NSAIDs and Synvisc. The body mass index of patient is greater than 35. Diagnostic studies from 11/13/12 demonstrate moderate medial compartment degenerative joint disease, right knee, and patellofemoral degenerative joint disease of the knee. Request is for right total knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroplasty, knee, condyle and plateau; medial and lateral compartments with or without patella resurfacing (total knee 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) Knee

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of knee arthroplasty. With regards to the Official Disability Guidelines, one of the criteria for knee joint replacement is: "Over 50 years of age AND Body Mass Index of less than 35, where increased BMI poses

elevated risks for post-op complications." In this case the patient has a BMI greater than 35. Therefore guidelines criteria have not been met and the determination is non-certification.