

Case Number:	CM13-0026750		
Date Assigned:	11/22/2013	Date of Injury:	04/05/2012
Decision Date:	01/23/2014	UR Denial Date:	08/24/2013
Priority:	Standard	Application Received:	09/19/2013

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 Connecticut. 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 is a 67-year-old male who injured his knee on 04/05/12 after stepping on a pipe. There was documentation of previous left knee arthroscopy in 2006. Treatment has included medicines and physical therapy. The records also document the diagnosis of osteoarthritis within the knee and the two providers have given different opinions as to the need for arthroscopy or arthroplasty. The treatment has not included injections such as cortisone or viscosupplementation therapy. Objective documentation is that of abnormal motion from -10 to 120 degrees, quadriceps crepitus, pain in the patella and medial joint line. An MRI reported a meniscus tear and degeneration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroplasty, 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

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

Decision rationale: In light of varying recommendations within the medical records from providers regarding arthroscopy versus arthroplasty, and without evidence of documented conservative care inclusive of cortisone and/or viscosupplementation therapy, left knee arthroplasty would not be considered as medically necessary. The ACOEM Guidelines allow for surgery after a failure to respond to conservative management and this is further supported in the Official Disability Guidelines. As the requirement of conservative management has not been satisfied, the request for left knee total arthroplasty is not medically necessary and appropriate.