

Case Number:	CM13-0027907		
Date Assigned:	12/18/2013	Date of Injury:	06/30/2010
Decision Date:	09/18/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/23/2013

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 patient is a 49-year-old claimant with reported industrial injury of December 14, 2011. Exam note from November 1, 2013 demonstrates complaints of pain in bilateral knees with difficulty walking greater than 20 minutes. Reports the pain level is markedly decreased with medication. Report the patient's activities of daily living are maintained with medications. Objective findings demonstrate tenderness to the left and right knee medial lateral joint line. There is crepitation noted with range of motion. Gait is noted to be slow and deliberate. Diagnosis is made of end-stage arthropathy left and right knee. Report of radiographs and MRIs indicate end-stage osteoarthropathy left and right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

A bilateral total knee replacement/arthroplasty: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of total knee replacement. According to the Official Disability Guidelines regarding Knee arthroplasty: Criteria for knee joint replacement which includes conservative care with subjective findings including limited range of motion less than 90 degrees. In addition the patient should have a BMI of less than 35 and be older than 50 years of age. In this case the claimant is 49 years of age and there is no BMI calculated. There must also be findings on standing radiographs of significant loss of chondral clear space. The clinical information submitted demonstrates insufficient evidence to support a knee arthroplasty in this patient. There is no documentation from the exam notes from 11/1/13 of increased pain with initiation of activity or weight bearing. There are no records in the chart documenting when physical therapy began or how many visits were attempted. There is no formal weight bearing radiographic report of degree of osteoarthritis. Therefore the guideline criteria have not been met and this request is not medically necessary.