

Case Number:	CM13-0032923		
Date Assigned:	12/06/2013	Date of Injury:	05/11/2006
Decision Date:	02/18/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/08/2013

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:

The patient is a 59-year-old male who reported a work-related injury on 05/11/2006. The specific mechanism of injury was not stated. The patient currently presents for treatment of the following diagnoses: status post patella fracture of the left knee, left knee internal derangement, right knee pain secondary to gait alteration, depression secondary to chronic knee/back pain, superimposed degenerative joint disease, lumbar spondylosis, stenosis, degenerative disc disease, and dyspepsia. X-ray of the patient's right knee dated 02/08/2012 signed by [REDACTED] revealed: (1) a moderate multicompartamental degenerative joint disease especially involving the medial joint compartment with joint space narrowing sclerosis, eburnation, and spur formation, and what appears to be almost complete obliteration of the articular cartilage overlying the medial femoral condyle and the medial tibial plateau; (2) there was no acute fracture or dislocation; and (3) there was spurring on the superior and inferior pole of the patella and there was suprapatellar effusion. The clinical note dated 08/30/2013 reports the patient was seen under the care of [REDACTED]. The provider document the patient ambulates with a very slow and guarded gait, range of motion of the right knee was diminished in flexion at 80 degrees and 150 degrees with pain on movement. The provider documented the patient's medication regimen includes tramadol, Proton, Vicodin, Soma, naproxen, Prozac, and Ambien. The provider documents request 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:

Total knee replacement for right knee: 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 and Leg Chapter.

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review lacks evidence of the patient's recent utilization of conservative measures for his specific right knee pain complaints status post a work-related injury sustained over 7 years ago. The clinical notes failed to document recent utilization of supervised therapeutic interventions, injection therapy, or the efficacy of those treatment modalities. In addition, the Official Disability Guidelines indicate objective clinical findings must include a body mass index of less than 35, subjective clinical findings to include limited range of motion and nighttime joint pain and no pain relief with conservative care. Given all the above, the request for Total knee replacement for right knee is neither medically necessary nor appropriate.