

Case Number:	CM13-0033370		
Date Assigned:	03/21/2014	Date of Injury:	08/30/2000
Decision Date:	07/28/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/09/2013

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 Surgeon and is licensed to practice in Texas and Colorado. 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 67-year-old male who reported an injury on 08/30/2000. The mechanism of injury was not provided for review. The injured worker ultimately developed degenerative joint disease of the right knee. The patient was evaluated on 09/10/2013. It was noted that x-rays revealed severe osteoarthritis. Physical findings were documented as grinding, quadriceps atrophy and slight stiffness. The injured worker's diagnoses included severe osteoarthritis of the right knee. A request was made for right total knee replacement.

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 Official Disability Guidelines (ODG) Knee and Leg Chapter, Knee Joint Replacement.

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, Knee Joint Replacement.

Decision rationale: The requested right total knee replacement is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this type of

surgical intervention. Official Disability Guidelines recommend knee joint replacement for injured workers who have physical findings of severe osteoarthritis tricompartmentally supported by objective findings to include range of motion less than 90 degrees. Additionally, there should be documentation of nighttime pain and that the injured worker's is less than 35. The clinical documentation does not provide any evidence that the patient has nighttime joint pain. There are no objective quantifiable measures to support that the patient has severe osteoarthritic tricompartmental disease. Therefore, right total knee replacement would not be considered medically necessary or appropriate.

3 DAY IN-PATIENT STAY: 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 Since the primary procedure is not medically necessary, the associated services are not medically necessary.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

ASSISTANT SURGEON: 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 Since the primary procedure is not medically necessary, the associated services are not medically necessary.

Decision rationale: Since the primary procedure is not medically necessary, the associated services are not medically necessary.