

Case Number:	CM13-0033748		
Date Assigned:	12/06/2013	Date of Injury:	03/13/2009
Decision Date:	03/04/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/10/2013

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 claimant is a 61 year old gentleman injured in work related accident 03/13/09. Most recent clinical assessment is a PR2 report dated 09/18/13 giving the claimant a diagnosis of severe osteoarthritis of the left knee. Physical examination showed a 5 degree flexion contracture with flexion to 115 degrees and medial tenderness. It states at present medication management is not beneficial and recommendations were for operative arthroplasty. A previous MRI reviewed by [REDACTED] on 02/25/13 showed the left knee to be with complete medial joint space loss with intraarticular irregularities with moderate patellofemoral changes as well. He is noted to have failed conservative care; however, formal treatment other than medication management in the past nine months is not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Total Knee Arthroplasty(TKA): 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: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 323-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter.

Decision rationale: MTUS Guidelines are silent when looking at ODG criteria. Total joint arthroplasty would not be indicated. ODG Guidelines in regards to total knee arthroplasty indicate that conservative care in the form of medications as well as viscosupplementation or steroid injections should be performed prior to proceeding with intervention. While claimant is noted to be with endstage changes to the medial and patellofemoral compartment of the knee, there is no documentation of recent conservative care over the past several months; particularly no form of injection therapy. The absence of the above would fail to necessitate the acute need of surgical arthroplasty in this individual.