

Case Number:	CM13-0040047		
Date Assigned:	12/20/2013	Date of Injury:	02/22/2010
Decision Date:	03/14/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/09/2013

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 40 year old male injured in a work related accident February 22, 2010. He sustained an injury to the right knee. The recent clinical assessment by [REDACTED] of July 10, 2013 indicated ongoing complaints of pain about the right knee. [REDACTED] documented the claimant had continued pain about the right knee status post an OATS procedure performed in 2011 to the trochlear groove and lateral femoral condyle. The claimant was given a diagnosis of grade 4 chondral lesions to the trochlear groove and lateral femoral condyle failing conservative care. The physical examination revealed a + 2 effusion, no instability, positive crepitation, moderate atrophy about the quadriceps. The plan was for a repeat MRI scan and indication for the need of a total joint arthroplasty given the failed conservative care and recent treatment. The MRI July 31 showed evidence of osteochondral injury to the central trochlear groove and post surgical meniscal changes with osteochondral changes to the lateral femoral condyle with high grade chondral thinning. The operative intervention was recommended in the form of joint arthroplasty per the followup of September 2013 with [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

. Right Total Knee Replacement QTY:1: 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) Official Disability Guidelines Treatment in: 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) Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Knee joint replacement.

Decision rationale: Based on the Official Disability Guidelines as the CA Guidelines are silent the role of surgical intervention is not established. Injured worker is a 40 year old male with no current documentation of body mass index or recent conservative care utilized. The Official Disability Guidelines are hesitant to support the role of arthroplasty in individuals under the age of 50 without exhausting conservative care. The risk factors such as age and body mass index are taken into effect. Given the significantly young age, lack of documentation of conservative care and no indication of a body mass index. The role of operative intervention is not established.