

Case Number:	CM13-0042199		
Date Assigned:	12/27/2013	Date of Injury:	03/07/2002
Decision Date:	05/06/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/17/2013

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:

This is a 60-year-old gentleman who was injured in a work-related accident on 3/7/02. The clinical records provided for review documented a diagnosis of bilateral knee osteoarthritis for which a 6/3/13 left total knee arthroplasty was performed. In regard to the claimant's right knee, the most recent follow up was dated 8/27/13 noting that the claimant had been attending physical therapy for his operative extremity. Physical examination of the right knee showed "diminished range of motion and tenderness." A recommendation was made for right total knee arthroplasty based on continued complaints. The records reviewed did not identify recent conservative for the right knee. There was no documentation of the claimant's current body mass index and no imaging reports for review. The request is for right total joint arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

A right total knee arthroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: The California MTUS Guidelines are silent. The Official Disability Guidelines only recommend total knee arthroplasty if the diagnosis is confirmed by imaging with clear documentation of failure of recent conservative measures including injection therapy. The records at present, while indicating that the claimant underwent a left total knee arthroplasty, fail to provide imaging that would identify the diagnosis of end stage osteoarthritic change in the right knee. There is also no documentation of recent conservative care including a steroid injection or viscosupplementation use or the claimant's body mass index. The lack of documentation of recent conservative treatment and the lack of imaging fail to meet the Official Disability Guidelines for the right total knee arthroplasty.