MAXIMUS Federal Services

Case Number:	CM13-0043965		
Date Assigned:	12/27/2013	Date of Injury:	08/10/1994
Decision Date:	04/14/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/31/2013

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 58 year old male sustained a right knee injury on 8/10/94 and a left knee injury on 4/23/98. The patient is status post right knee arthroscopic partial meniscectomy on 5/1/06 and left total knee arthroplasty on 10/17/11. Past medical history was positive for diabetes mellitus, gastroesophageal reflux disease, morbid obesity, and hypertension. The 6/19/12 right knee x-rays documented mild osteopenia, mild varus deformity, and medial compartment moderate arthritis and joint space narrowing with sub-chondral cyst and squaring of the articular surface. A Synvisc One injection was performed on 6/19/12 that "helped some" and a cortisone injection was provided on 12/11/12 with no response documented. The 7/17/13 treating physician report cited gradually worsening right knee pain. Pain was localized over the medial joint line and described as dull, achy soreness that worsened to a sharp stabbing pain with activity. Pain was worse with walking, prolonged standing, kneeling, squatting, and ascending/descending stairs. Ambulation tolerance was less than one city block. Conservative treatment had included activity modifications, rest, ice, NSAIDs, narcotic pain medications, physical therapy, corticosteroid injection(s), visco-supplementation injection(s), and an arthroscopic debridement (chondroplasty). Treatment had helped some, but had not really made a significant change in symptoms. Objective findings documented height 5'8" and weight 251 pounds, with a body mass index of 38.164. Right knee exam findings documented range of motion 2 to 115 degrees, moderate effusion, no crepitus, negative instability and Meniscal signs, intact distal neurovascular exam, and antalgic gait pattern with a short stance on the right side. The treatment plan recommended a minimally invasive, right total knee arthroplasty. The 11/4/13 treating physician report cited continued subjective complaints unchanged from 7/17/13. Body mass index remained 38.164 and objective findings were unchanged but for an equivocal McMurray's

due to active guarding. The treatment plan recommended proceeding with right total knee arthroplasty. The patient was currently working as a floor clerk at [redacted].

IMR ISSUES, DECISIONS AND RATIONALES

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

ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU, MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY, INPATIENT SETTING): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Under consideration is a request for right arthroplasty, knee, condyle and plateau, medial and lateral compartments with or without patella resurfacing (total knee arthroplasty, inpatient setting). The California MTUS guidelines do not provide recommendations for total knee arthroplasty. The Official Disability Guidelines provide specific criteria for total knee arthroplasty that includes conservative care (physical therapy, exercise) and medications or steroid injection, plus range of motion less than 90 degrees, nighttime joint pain, no pain relief with conservative treatment, and documentation of functional limitations demonstrating necessity of intervention, plus age over 50 years and body mass index less than 35, plus imaging evidence of osteoarthritis. Guideline criteria have not been met. There is no documentation that recent comprehensive conservative non-operative treatment has been tried and failed. Injection therapies were last documented in 2012. The patient has right knee range of motion of 2 to 115 degrees with ambulation limited to less than one block but he is able to continue working as a floor clerk. The patient's body mass index is 38.164, exceeding guideline recommendations. The patient is a diabetic and there is no discussion in the record of weight loss recommendations or attempts. Records indicate the patient's weight has been stable since 12/11/12. Therefore, the request for right total knee arthroplasty is not medically necessary.