

Case Number:	CM13-0048487		
Date Assigned:	12/27/2013	Date of Injury:	04/25/2011
Decision Date:	03/28/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/05/2013

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 Orthopaedic 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:

This claimant is a 51-year-old male who suffered a vocationally related injury to his right knee on April 25, 2011. Records were submitted for determining the medical necessity of right total knee arthroplasty. The claimant has subjective complaints of pain in his right knee that are consistent with the arthroscopic findings of April 4, 2013 right knee surgery. On that occasion, he was noted to have grade IV bone-on-bone changes in the medial compartment, for which micro fracture was completed. Following a lengthy course of rehab as well as repeat corticosteroid injections, this claimant has continued to have persistent pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right total knee replacement: Overturned

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 & 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), Knee & Leg Chapter: Total Knee Arthroplasty (Knee Joint Replacement).

Decision rationale: CA MTUS Guidelines does not address this, but Official Disability Guidelines state that individuals can be considered reasonable candidates for total knee arthroplasty if they have failed conservative care which includes exercises and medications, have subjective clinical complaints including loss of motion, night time pain, objective findings on examination, and imaging studies that document the degenerative change. The initial review recited the fact that the claimant did not have radiographs, which documented advanced changes. With that point acknowledged, I would offer the following comment: Although x-rays are not specifically documented in the records, the findings at surgery would be definitive evidence of advanced bone-on-bone changes. As such, based on the description of the findings at surgery, the claimant's persistent complaints, and failure of conservative care, this claimant would appear to meet reasonable evidence-based Official Disability Guidelines criteria, and thus, I would submit that the original denial of services in this particular case would not be appropriate. Rather, the claimant does appear to be a reasonable and appropriate candidate for right total knee replacement based on evidence-based criteria..