

Case Number:	CM13-0048645		
Date Assigned:	12/27/2013	Date of Injury:	12/16/2011
Decision Date:	04/09/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/06/2013

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 54 year old female who injured her right knee injured in a work related accident on December 16, 2011. The clinical records provided for review included the September 20, 2013 orthopedic assessment by [REDACTED] for ongoing complaints of bilateral knee pain, right greater than left. [REDACTED] noted that the claimant had failed conservative care including recent viscosupplementation injections. Physical examination was documented to show 0-110 degrees range of motion, medial joint line tenderness, a positive effusion and crepitation. The report of an MRI of the right knee documented patellofemoral cartilage loss with erosion into the bone as well as significant moderate lateral compartment degenerative change.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right total knee arthroplasty x 3 day stay: 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 and Leg (updated 6/7/13) Knee joint replacement.

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 MTUS ACOEM Guidelines are silent, surgical right total knee arthroplasty with a three day inpatient stay appears warranted. The clinical records indicate significant degenerative process including end stage changes to the patellofemoral joint as well as lateral compartment on MRI scan. The claimant is documented to have failed significant conservative care. Based upon the claimant's age of 54 years old, the diagnostic findings of the MRI, and failure of conservative treatment, the role of right knee arthroplasty would appear medically necessary. The Official Disability Guidelines would support the role of a three day inpatient length of stay as the standard of care given the clinical criteria for review.