

Case Number:	CM13-0049455		
Date Assigned:	12/27/2013	Date of Injury:	05/03/2002
Decision Date:	06/27/2014	UR Denial Date:	09/26/2013
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 63-year-old female who sustained injury to her right knee on 05/03/2012. She had standing x-rays of right knee that showed "some degenerative changes along the medial side of the joint with some fissuring in the tibial plateau. There is narrowing of the medial joint space, nearly bone-on-bone." A note dated 08/08/2013 by [REDACTED] indicates she presented with pain along the anterior and the medial joint line of her right knee. She had good motion. Skin, sensation, and neurovascular status intact. She had 2 arthroscopy and was treated with Vicodin, cortisone shot and viscosupplementation that did not help relieving her discomfort. She was recommended unicompartmental. The current review is for unicompartmental arthroplasty and possible total knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE UNICOMPARTMENTAL ARTHROPLASTY AND POSSIBLE TOTAL KNEE ARTHROPLASTY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: Please note that CA MTUS does not have appropriateness of the requested procedure and does not apply. This 63-year-old female continues to have persistent right knee pain despite trial of conservative care including Vicodin, cortisone shot, viscosupplementation and arthroscopy. Standing x-rays showed medial joint space narrowing nearly bone-on-bone but there is no documentation confirming osteoarthritis to the other 2 compartments as required by the ODG. Additionally, there is no documentation in the records submitted that indicates a trial of exercise therapy was attempted, no mention about limited range of motion of less than 90 degrees and BMI less than 35 was noted. As per ODG, none of the criteria have been met; and therefore, the request for unicompartmental arthroplasty and possible total knee arthroplasty is not medically necessary.