

Case Number:	CM13-0050290		
Date Assigned:	12/27/2013	Date of Injury:	09/15/2012
Decision Date:	03/07/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/12/2013

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:

This is a 51-year-old male who sustained injury to his right knee and left ribs on 09/15/2012. He had an MRI of the right knee on 01/14/2013 that showed oblique tear of the medial meniscus, large erosion at the lateral surface of the lateral femoral condyle, mild tibiofemoral and patellofemoral osteoarthritis, mild chondromalacia patella, loose body within the anterior intercondylar tunnel, and mild lateral suprapatellar effusion. He had right knee arthroscopic surgery including medial and lateral meniscectomy on 04/25/2013. A follow up note dated 09/25/2013 by [REDACTED] indicates he presented with complaints of right knee pain, 8/10. He was recommended a total knee replacement. On physical exam, right knee range of motion was 130 degrees flexion and extension 0 degrees. Strength was 5/5 bilaterally on hip flexion, knee extension, ankle dorsiflexion, big toe dorsiflexion, and ankle plantar flexion. Sensation was intact in all dermatomes. Reflexes were 2+ in patellae and Achilles. There is tenderness to palpation over the medial and lateral joint lines of the right. Assessment was right knee arthroscopy with confirmation of gouty arthritis. Since the patient has failed conservative treatment with anti-inflammatories, physical therapy, injections, arthroscopy, and has significant arthritis on diagnostic studies, a right total knee replacement was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right total knee replacement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 43-345. Decision based on Non-MTUS Citation ODG, Knee & Leg (Acute & Chronic) Surgical Considerations- Knee Complaints

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

Decision rationale: The medical records submitted for review do not mention that standing x-rays were performed confirming significant loss of chondral clear space in at least 2 of the 3 compartments as required by the Official Disability Guidelines (ODG) for a right total knee replacement recommendation. A note dated 09/25/2013 reveals the patient's right knee range of motion was 0-130; however, the ODG indicates limited range of motion of less than 90 is required for a total knee replacement recommendation. Therefore, the request for total knee replacement is not medically necessary and appropriate.