

Case Number:	CM13-0054977		
Date Assigned:	12/30/2013	Date of Injury:	02/05/2012
Decision Date:	05/19/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/20/2013

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:

The claimant is a 47-year-old gentleman who fell off of a cat walk and injured his left knee on February 5, 2012. The records provided for review contained a report of an MRI dated March 1, 2013 that showed severe chondromalacia to the weight bearing surface of the medial compartment of the knee with evidence of prior partial meniscectomy. The report of an assessment on December 6, 2013 documented ongoing complaints of pain in the left knee, worse with activity, range of motion limited from 5 to 100 degrees, tenderness about the medial joint line, positive crepitation and no instability. It was documented that weight bearing radiographs showed advanced medial compartment degenerative findings, bone on bone in nature. The assessment documented that the claimant failed conservative measures and the recommendation was made for arthroplasty (medial compartment versus total).

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE TOTAL KNEE REPLACEMENT, POSSIBLE MEDICAL COMPARTMENT 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 (ODG), Indications for Surgery-Knee Arthroplasty

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Treatment In Worker's Comp, 18th Edition, 2013 Updates: Knee Procedure - Knee Joint Replacement

Decision rationale: The California MTUS and ACOEM Guidelines are silent. Based upon the Official Disability Guidelines the request for left total knee replacement cannot be recommended as medically necessary. The Official Disability Guidelines recommend a body mass index of less than 35 and an age greater than 50 years old. The records provided for review note the body mass index to be greater than 40 with the claimant's height of 5'8" and a weight of 285 pounds. The claimant is also 47 years old. Therefore, this information would fail to meet the ODG criteria. The request for a left total knee replacement is not medically necessary.