

Case Number:	CM13-0056333		
Date Assigned:	12/30/2013	Date of Injury:	05/03/2011
Decision Date:	05/22/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/22/2013

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, a 66-year-old gentleman, injured his right knee on 05/03/11. The medical records provided for review included an MRI report of 06/16/13 that shows evidence of recurrent tearing of the meniscus and advanced tricompartmental degenerative arthrosis with a large effusion. The claimant was noted to be status post a partial medial and lateral meniscectomy. The November 5, 2013 reassessment documented that the claimant had a further MRI scan performed that showed advanced tricompartmental degenerative change for a diagnosis of advanced osteoarthritis. The documentation indicated that the claimant had failed conservative care including injection therapy, medication management, and activity restrictions. Based on the claimant's advanced disease and failure to improve with conservative care, surgical arthroplasty was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 RIGHT TOTAL KNEE REPLACEMENT:

Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344.

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 CA MTUS and ACOEM Guidelines do not address arthroplasty of the knee. Based upon the Official Disability Guidelines, Criteria for knee joint replacement (If only 1 compartment is affected, a unicompartamental or partial replacement may be considered. If 2 of the 3 compartments are affected, a total joint replacement is indicated.). 1. Conservative Care: Medications. And (Visco supplementation injections or Steroid injection). Plus, 4. Imaging Clinical Findings: Osteoarthritis on: Standing x-ray, or Arthroscopy. The claimant appears to be a reasonable candidate for total knee arthroplasty. He has failed a considerable amount of conservative care and has recent imaging demonstrating advanced tri compartmental degenerative change. He presently meets all necessary Official Disability Guidelines criteria for the role of right total knee replacement. The specific request in this case is medically necessary and appropriate.