

Case Number:	CM13-0058243		
Date Assigned:	12/30/2013	Date of Injury:	07/25/2013
Decision Date:	12/23/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/26/2013

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 Surgeon and is licensed to practice in New York. 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 patient has a date of injury of July 25, 2013. The patient has chronic knee pain. The patient is a 56-year-old who fell and injured the knee. The patient had a cortisone injection and continued to have pain. The patient complained of catching and locking in the knee joint. The patient had left total knee replacement. The patient had 6 visits of physical therapy. There was also a steroid and Novocain injection. X-ray of the right knee was normal. MRI of the right knee documented tricompartmental arthritis. Medical records documented the patient continues to have catching and locking of the right knee. On physical examination the patient has a valgus deformity with crepitus in flexion extension. This slightly reduced right knee range of motion. The patient's left knee replacement is functioning normally. Patient is diagnosed with degenerative joint disease. At issue is whether right total knee replacement is medically necessary.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, 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), Knee Pain Chapter.

Decision rationale: This patient does not meet establish criteria for right knee total knee replacement. While the medical records document that there is significant tricompartmental arthritis in the right knee. It is not clear that the patient is significantly suffering from right knee degenerative joint condition. It is also unclear whether the patient has significant functional limitations from the right knee arthritis. It is unclear exactly how much conservative measures the patient has had for right knee arthritis to date. Additional conservative measures or medically necessary at this time for the treatment of right knee arthritis. Surgery for right knee arthritis is not medically necessary at this time.

Postoperative PT to treat the Right Knee 3X4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.