

Case Number:	CM13-0062139		
Date Assigned:	01/15/2014	Date of Injury:	08/20/2013
Decision Date:	04/16/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/06/2013

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 60-year-old male parts clerk for [REDACTED] sustained a left knee twisting injury on 8/20/13, lifting a bus alternator and squatting to put it on a shelf. Past medical history was positive for a left knee partial meniscectomy in 2009. The 9/20/13 left knee MRI documented severe medial compartment arthrosis with evidence of degeneration and degenerative disruption of the posterior horn and free margin of the body of the medial meniscus, free margin fraying/tear in the anterior horn of the lateral meniscus with mild arthrosis in the lateral compartment, mild to moderate patellofemoral arthrosis, and moderate joint effusion with evidence of per tendinitis and mild bursitis along the pes anserine tendons. Co morbidities of hypertension and obesity (calculated BMI 38.6) were documented. The initial 9/27/13 orthopedic activities of daily living assessment indicated the patient was capable of all activities of daily living. The 11/8/13 treating physician report documented continued moderate left knee pain with stair gait and walking. A left knee cortisone injection had been provided on the last visit with continued pain. Exam documented diffuse tenderness above the left knee with crepitus and range of motion 5-120 degrees of flexion. The diagnosis was left knee internal derangement with osteoarthritis. The treatment plan recommended left total knee arthroplasty as the only way to get the patient out of pain and possibly back to normal working activities. There was no documentation that physical therapy had been attempted; the patient declined physical therapy on the initial visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT TOTAL KNEE ARTHROPLASTY, CONFORMIS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Total knee replacement.

Decision rationale: The request under consideration is for a left knee arthroplasty ConforMIS. The California MTUS guidelines do not provide recommendations for total knee arthroplasty. The Official Disability Guidelines provide specific criteria for total knee arthroplasty that includes conservative care (physical therapy, exercise) and medications or steroid injection, plus range of motion less than 90 degrees, nighttime joint pain, no pain relief with conservative treatment, and documentation of functional limitations demonstrating necessity of intervention, plus age over 50 years and body mass index less than 35, plus imaging evidence of osteoarthritis. Guideline criteria have not been met. There is no documentation that comprehensive conservative non-operative treatments have been fully tried and failed. The patient's body mass index is calculated at 38.6 exceeding guideline recommendations. Therefore, the request for left knee arthroplasty ConforMIS is not medically necessary.