

Case Number:	CM13-0068538		
Date Assigned:	01/03/2014	Date of Injury:	07/09/2010
Decision Date:	04/02/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/19/2013

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 and is licensed to practice in New Hampshire. 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:

The patient is a 61-year-old male with the date of injury of July 9, 2000 that. The patient sustained injuries to both knees moving a wheelchair passenger on a ramp. In December 2012 the patient had right total knee arthroplasty. The patient had outpatient physical therapy and home physical therapy. The patient had manipulation under anesthesia along with physical therapy and cortisone injections to both knees. Radiographs of the right knee demonstrate good position of the implants with no loosening and right knee. Clinical examination shows tenderness to the medial side of the right knee with palpation. There is tenderness of the right patellofemoral joint with no effusion. The patient complains of limitation of motion of the right knee. Examination documents 110° of flexion. The patient complains of pain in his left he has requested a cortisone injection. Patient was not using a cane or crutch. At issue is whether left total knee replacement is medically needed

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Left Conformis Total Knee 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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: This patient is an established criteria for left total knee replacement specifically, the medical records to document adequate attempts at conservative measures for the treatment of left knee pain. The medical records to document considerable tension and problems with the right total knee replacement which remains symptomatic at this time. However, there is not adequate documentation of significant attempts at conservative measures for the treatment of left knee pain. The medical records do not demonstrate a recent trial and failure of conservative measures for the treatment of left knee pain to include physical therapy. There is no documentation concerning the results of left knee injection therapy. More documentation of conservative measures it needed.