

Case Number:	CM13-0069625		
Date Assigned:	01/03/2014	Date of Injury:	05/20/1992
Decision Date:	05/06/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/23/2013

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 Pennsylvania. 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:

This is a 63 year-old gentleman injured in a work-related accident on 5/20/92. Specific records in regard to the claimant's left knee include a previous MRI report dated 4/15/13 that shows prior medial meniscal repair with subsequent resection of a parameniscal cyst. There is advanced chondromalacia at the medial joint over the weight bearing portion of the medial femoral condyle. Recent clinical record dated 9/18/13 states that the claimant is with continued complaints of pain about the knee with an inability to perform excessive weight bearing activities without difficulty or swelling. It states significant failed care including operative arthroscopy and viscosupplementation injections with continued complaints of pain. Examination showed a knee joint effusion and restricted motion at end points from 5-120 degrees and no instability. The treatment plan at that time based on the claimant's failed conservative measures was for a knee replacement procedure for further intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOTAL LEFT KNEE REPLACEMENT SURGERY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344. 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), Official Disability Guidelines Treatment in Worker's Comp., 18th Edition, 2013 Updates, knee procedure - Knee joint replacement.

Decision rationale: Based on Official Disability Guidelines as California ACOEM Guidelines are silent, the surgical process would be supported. The records currently indicate significant degenerative change in an individual who has failed significant conservative care and management. Given his current subjective complaints, failed conservative measures, and clinical presentation including imaging, the surgical process in regard to knee arthroplasty meets all necessary Official Disability Guidelines criteria and appears medically necessary.