

Case Number:	CM13-0071044		
Date Assigned:	09/05/2014	Date of Injury:	09/19/2012
Decision Date:	10/08/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/24/2013

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, has a subspecialty in Pediatric Orthopedic and is licensed to practice in Texas and Colorado. 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 injured worker is a 64-year-old female who reported an injury on 09/19/2012 after moving a patient. The injured worker reportedly sustained an injury to her left knee. The injured worker's treatment history included left knee arthroscopy in 02/2013 followed by postoperative physical therapy and hyaluronic acid injections. The injured worker's most recent clinical evaluation submitted for review was dated 10/22/2013. It was noted that the injured worker had 8/10 left knee pain and compensatory right knee pain and low back pain. It was documented that medications did help; however, the injured worker had persistent pain. Physical findings included tenderness of the left knee along the medial and lateral joint line with crepitus and range of motion described as a negative 20 degrees in extension and 80 degrees in flexion. The injured worker's diagnoses included end stage osteoarthopathy of the left knee, status post remote left knee arthroscopy and compensatory low back and right knee component. It was noted that the injured worker had recently undergone an MRI, x-rays, and urine drug screen. The injured worker's treatment plan at that time included a request for a left knee brace, continued observation of the right knee and low back, and continued medication usage. A request was made for knee arthroplasty including preoperative clearance; however, no justification for the request was provided. Additionally, no request for authorization form was provided to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Arthroplasty Including Preoperative Clearance: 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 and Leg chapter, Knee Joint Replacement

Decision rationale: The requested Left Knee Arthroplasty Including Preoperative Clearance is not medically necessary or appropriate. The Official Disability Guidelines recommend knee arthroplasty for injured workers with significantly limited symptomatic osteoarthritis supported by an imaging study indicating severe osteoarthritis in all 3 compartments. The clinical documentation submitted for review does not provide a recent assessment of the patient's clinical presentation to support that arthroplasty is indicated in this clinical situation. Furthermore, a recent imaging study indicating severe osteoarthritis in all 3 compartments was not provided. Therefore, the need for a Left Knee Arthroplasty Including Preoperative Clearance is not medically necessary or appropriate.