

Case Number:	CM13-0071203		
Date Assigned:	01/08/2014	Date of Injury:	12/20/2010
Decision Date:	06/13/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/26/2013

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 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 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 28-year-old male floor hand sustained an industrial injury on 12/20/10 when he slipped and felt a painful pop in his right knee. Past medical history was positive for right anterior cruciate ligament reconstruction on 12/11/06, right partial lateral meniscectomy and chondroplasty on 9/19/08, and right anterior cruciate ligament reconstruction, microfracture and chondroplasty on 8/17/09. He underwent right knee diagnostic arthroscopy with partial medial meniscectomy, chondroplasty of the patellofemoral joint and medial joint compartment, removal of loose body osteophytes, and diffuse synovectomy on 3/2/11. Right knee x-rays on 11/28/12 demonstrated moderate osteoarthritic tri-compartmental changes. The 10/28/13 treating physician progress report documented physical exam findings unchanged. There was blocked tibiofemoral rotation, gross crepitation coming from the lateral joint compartment, anterior drawer test showed mild laxity, and antalgic gait. Height was 6'0" and weight 311 pounds. The diagnosis was joint effusion and joint pain, lower leg. The treatment plan recommended oral medications, repeat right knee MRI arthrogram, and viscosupplementation 3 to 5 injections. A request for total knee arthroplasty was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

INPATIENT TOTAL KNEE ARTHROPLASTY - RIGHT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329-353.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Knee Joint Replacement.

Decision rationale: The California MTUS does not provide recommendations for total knee arthroplasty. The Official Disability Guidelines recommend total knee replacement when surgical indications are met. Specific criteria for knee joint replacement include exercise and medications or injections, limited range of motion (< 90 degrees), night-time joint pain, no pain relief with conservative care, documentation of functional limitations, age greater than 50 years, a body mass index (BMI) less than 35, and imaging findings of osteoarthritis. Guidelines criteria have not been met. This patient has a calculated body mass index of 42.2, and is 28 years old. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. Viscosupplementation injections are pending. Therefore, this request for inpatient right total knee arthroplasty is not medically necessary.