

Case Number:	CM13-0071346		
Date Assigned:	01/08/2014	Date of Injury:	06/12/2010
Decision Date:	05/07/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/27/2013

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:

The claimant is a 56 year old female who injured her left knee in a work related accident on August 12, 2010. The medical records provided for review included a progress report by [REDACTED] on November 20, 2013 documenting continued complaints of pain in the left knee with documented end stage degenerative arthritis. The physical examination showed an antalgic gait with deformity, 0-125 degrees range of motion, and crepitation. The report of a 12/28/12 MRI of the left knee documented chronic tearing of the anterior cruciate ligament with no documentation of chondral change. The radiographs of the left knee dated June 24, 2013 showed medial, lateral, and patellofemoral compartment joint space narrowing. Treatment has included medication management, physical therapy, activity restrictions and previous arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery Total Replacement Left Knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The Expert Reviewer's decision rationale: The MTUS and ACOEM Guidelines are silent. Based upon the Official Disability Guidelines, surgical arthroplasty of the knee is medically necessary. The claimant is documented to have failed conservative care and continues to be quite symptomatic in her postoperative course of care that included a previous anterior cruciate ligament and meniscectomy procedure. Given documentation of tricompartmental degenerative change and failed measures to date the specific request for surgical intervention would appear to be medically necessary.

Medical Clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: The ACOEM Guidelines support the request for preoperative medical clearance for total knee replacement in this 56 year old claimant.

Physical therapy (PT) -Post -Op (3) three times a week for (4) four weeks, Left Knee QTY: 12.00: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The Expert Reviewer's decision rationale: The CA MTUS Postsurgical Rehabilitative Guidelines would also support the request for the initial twelve sessions of physical therapy postoperative total knee replacement.