MAXIMUS Federal Services

Case Number:	CM13-0071703		
Date Assigned:	01/08/2014	Date of Injury:	06/15/2011
Decision Date:	06/05/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/30/2013

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 patient is a 57 year old male who was injured on 06/15/2011 when he fell, landing on his right knee. Prior treatment history has included medication, bracing, home exercise program and physical therapy; steroid injection, cortisone injection and five Hyaluronic acid injections. Diagnostic studies reviewed included x-rays of the left knee demonstrates severe tricompartmental osteoarthritis, most pronounced within the medial compartment; and chondrocalcinosis, consider an underlying metabolic process such as calcium pyrophosphate dehydrate deposition disease. MRI of the right knee dated 07/30/2011 shows a tear of the medial meniscus; suspected tear of the lateral meniscus; tricompartmental osteoarthritic change with synovitis of the joint and a moderate size joint effusion; High grade partial tearing of the ACL; and Tendinopathy and partial tearing of the PCL. PR-2 dated 12/11/2013 indicates the patient presents with complaints of his right knee getting worse. He reports his knee is stiff and buckles and that his pain is worse when there is colder or wet weather. Diagnosis is bilateral knee tricompartmental DJD.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL TOTAL KNEE ARTHROSCOPY: Upheld

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 ODG, Knee & Leg Chapter, Knee Joint Replacement.

Decision rationale: The CA MTUS guidelines have not addressed the issue of dispute and hence ODG have been consulted. According to the ODG, bilateral TKA remains controversial. Compared with staged bilateral or unilateral total knee replacement, simultaneous bilateral total knee replacement carries a higher risk of serious cardiac complications, pulmonary complications, and mortality. In the same time, BTKA is seen as offering advantages over staged unilateral knee replacement surgery, including reduced time in the hospital, decreased costs, and a faster return to active life. The medical records document the patient has been diagnosed with tricopartmental OA in bilateral knee with more severe in the right knee. In the absence of documented BMI, varus or valgus deformities from the x-ray images, or previous arthroscopy documenting advantaged chondral erosions or exposed bone, especially if bipolar chondral defects are present, the request is not medically necessary according to the guidelines.