

Case Number:	CM13-0072346		
Date Assigned:	01/08/2014	Date of Injury:	09/02/2010
Decision Date:	06/19/2014	UR Denial Date:	12/16/2013
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 injured worker reported an injury on 09/02/2010. The current diagnosis is osteoarthritis of the lower leg. The injured worker was evaluated on 12/03/2013. The injured worker reported persistent left knee symptoms. It is noted that the injured worker demonstrates a fixed flexion contracture on the left. The injured worker also demonstrates swelling, stiffness, and limitation. Treatment recommendations at that time included a left total knee arthroplasty. The injured worker underwent an MRI of the left knee on 01/26/2012, which indicated an abnormal appearance and signal intensity to the medial meniscus, large joint effusion with severe intraarticular free bodies noted anterior to the intercondylar notch, and degenerative joint changes involving the medial, lateral, and patellofemoral compartments of the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOTAL LEFT KNEE REPLACEMENT: 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), Knee & Leg, Knee joint replacement, Indications for surgery - Knee arthroplasty

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Knee Joint Replacement.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month and a failure of exercise programs to increase range of motion and strength. The Official Disability Guidelines state that a knee arthroplasty is indicated for patients with 2 out of 3 compartments affected. Conservative care should include exercise therapy, medications, and viscosupplementation or steroid injections. As per the documentation submitted, it is noted that the injured worker demonstrates a fixed flexion contracture, stiffness, swelling, and activity limitation. The injured worker's MRI of the left knee dated 01/26/2012 does indicate degenerative joint changes involving the medial, lateral, and patellofemoral compartments. However, there is no documentation of an attempt at conservative treatment to include medications, exercise therapy, viscosupplementation, and steroid injections. The injured worker's body mass index is also not provided for review. Therefore, based on the clinical information received, the requested total left knee replacement is not medically necessary or appropriate at this time.