

Case Number:	CM14-0000204		
Date Assigned:	01/29/2014	Date of Injury:	12/01/2005
Decision Date:	06/13/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/02/2014

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 an employee of [REDACTED] and has submitted a claim for right knee pain associated with an industrial injury date of December 1, 2005. The treatment to date has included arthroscopic partial right medial meniscectomy, chondroplasty of right medial femoral condyle, and partial synovectomy in 08/13/2004; arthroscopic partial medial meniscectomy in 09/27/2006; and medications such as cyclobenzaprine, gabapentin, Crestor, Celebrex, Ambien, and Tylenol with Codeine. The present request of right knee total arthroplasty was already accomplished on 12/24/2013. Medical records from 2004 to 2014 were reviewed showing that patient complained of severe, right knee pain associated with numbness or tingling sensation. Aggravating factors included weight-bearing, and stair climbing. She also complained of difficulty sleeping. Physical examination showed that the patient has a height of 5 feet and 3.5 inches; and weight of 187. Right knee has normal alignment, with varus and valgus stability. There was absence of effusion or erythema. Range of motion was full and symmetric. X-ray of the right knee, dated October 4, 2013, revealed significant joint space narrowing on the patellofemoral and most notably, medial compartment with periarticular hypertrophic changes and small joint effusion. There was no frank dislocation or fracture. Utilization review from December 20, 2013 denied the request for right total knee arthroplasty. The reason for the denial was not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT TOTAL KNEE ARTHROPLASTY: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Updated 11/29/13), Knee Joint Replacement.

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

Decision rationale: The California MTUS does not address this topic specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Knee Chapter, Knee joint replacement was used instead. ODG criteria for TKR include conservative care including Visco supplementation injections OR Steroid injection, limited range of motion, nighttime joint pain, and no pain relief with conservative care; over 50 years of age and Body Mass Index (BMI) of less than 35; and osteoarthritis on imaging or arthroscopy report. In this case, patient is a 63 year old female, who has persistent right knee pain status-post arthroscopic partial right medial meniscectomy, chondroplasty of right medial femoral condyle, and partial synovectomy in 08/13/2004; and arthroscopic partial medial meniscectomy in 09/27/2006. Patient's symptoms are corroborated by X-ray findings of significant joint space narrowing on the patellofemoral and medial compartment with periarticular hypertrophic changes and small joint effusion, dated October 4, 2013. The patient was advised to undergo repeat knee arthroplasty due to lack of pain relief from treatments rendered. To note, right knee total arthroplasty was already accomplished on 12/24/2013. Physical examination showed that the patient has a height of 5 feet and 3.5 inches; weight of 187, hence, a body mass index of 32.6. Furthermore, physical examination of the right knee prior to surgery, dated 10/23/2013, showed normal alignment, varus and valgus stability; without limitation of motion, erythema, or effusion. Based on the information provided, the patient is recognized to have had compelling clinical history, physical exam, x-ray, and arthroscopic findings of advanced right knee osteoarthritis with longstanding and increasingly disabling symptoms since approximately 2004. Per the clinical documentation provided, a variety of appropriate conservative treatments (i.e. oral medications) and minimally invasive surgical treatments (i.e. arthroscopy) have failed to resolve her symptoms of knee pain. Therefore, clinical facts supports proposed surgical treatment of right knee osteoarthritis with TKA based on the following criteria: failure of medical / minimally invasive surgical management, disabling pain (e.g. patient has pain at night interfering with sleep), functional disability (e.g. patient has pain with weight bearing and difficulty climbing stairs), significant radiographic findings or poor candidate for other surgical options (e.g. osteotomy, repeat arthroscopy). TKA is the standard of care for treatment of symptomatic knee osteoarthritis otherwise unresponsive to non-surgical treatments. Alternative surgical procedures such as arthroscopy, osteotomy, arthrodesis, and hemi-arthroplasty are NOT standard of care. Therefore, the request was medically necessary.