

Case Number:	CM14-0001178		
Date Assigned:	04/28/2014	Date of Injury:	04/06/2001
Decision Date:	06/13/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	01/03/2014

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 has a subspecialty in Shoulder and Elbow 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 is a 63-year-old female who reported an injury on 04/06/2001. The mechanism of injury was not stated. Current diagnoses include internal derangement of the right knee, trochanteric bursitis, and complex tear of the medial meniscus. The injured worker was evaluated on 06/04/2013. The injured worker reported bilateral knee pain. Physical examination revealed tenderness to palpation over the medial aspect of the patella of the right knee with positive McMurray's sign. Treatment recommendations at that time included a right total knee replacement as well as postoperative rehabilitation for 2 to 3 months. It is noted that the injured worker underwent an MRI of the right knee on 12/06/2012, which indicated complete collapse of the medial meniscus, intrasubstance degeneration of the lateral meniscus, mild infraspinitus and suprapatellar synovial hypertrophy, minimal joint effusion, fluid in the prepatellar bursa, osseous proliferative changes in the periarticular distribution, and joint space narrowing in the medial and lateral compartments of the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT TOTAL 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).

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).

Decision rationale: The California MTUS/ACOEM Practice Guidelines state 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 of the musculature around the knee. The Official Disability Guideline (ODG) states a knee arthroplasty is indicated for patients with 2 out of 3 compartments affected. Conservative care should include exercise therapy and medications, as well as viscosupplementation or steroid injections. As per the documentation submitted, the injured worker's physical examination only revealed tenderness to palpation with positive McMurray's sign. There is no documentation of limited range of motion, nighttime joint pain, or functional limitation. The injured worker's body mass index was also not provided for review. There is no evidence of osteoarthritis on standing x-rays. There is also no mention of an exhaustion of conservative treatment to include exercise therapy, medications, and injections. Based on the clinical information received, the request is not medically necessary or appropriate.