

Case Number:	CM14-0002526		
Date Assigned:	01/22/2014	Date of Injury:	10/02/2008
Decision Date:	03/25/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/07/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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:

This patient is a 40-year-old female with a date of injury of 10/02/008. The patient is status post three right knee arthroscopic surgeries, the most recent one in March 2011. The 6/1/12 right knee MRI findings were negative for meniscal tear, cruciate ligament tear, collateral ligament tear, and cartilage defect. The 5/9/13 right knee x-rays showed no acute osseous abnormality and minimal degenerative changes. Records indicated that the patient last attended physical therapy for the right knee in November 2012. The 12/2/13 consult report submitted by [REDACTED] cited intermittent moderate right knee pain, nighttime pain, lower leg weakness with falling episodes, and clicking, buckling, and swelling with ambulation. The patient was unable to squat, walk on uneven ground, walk uphill, or climb stairs. Pain was improved with medications, elevation, ice, heat, home TENS, and rest. The 12/3/13 progress report submitted by [REDACTED] documented complaints of right knee pain, buckling, popping, and intermittent swelling exacerbated by prolonged sitting, prolonged standing, and squatting. Right knee physical exam findings documented restricted right knee range of motion (extension worse than flexion), slight right knee meniscal and patellar provocative signs, and antalgic gait. The diagnosis included right knee osteoarthritis. A right total knee replacement was recommended. There is no documentation that detailed recent comprehensive conservative treatment, including injections, has been tried and failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right total knee replacement surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & Lower Leg, Knee Joint Replacement.

Decision rationale: The Official Disability Guidelines provide specific criteria for knee joint replacement that include provision of comprehensive conservative care, failure of comprehensive conservative care, age greater than 50 years, and imaging findings of significant end-state osteoarthritis of the knee. This patient does not meet the Official Disability Guidelines' criteria for total knee joint replacement. There is no documentation that detailed recent comprehensive conservative treatment has been tried and has failed. The most recent x-ray findings on 5/9/13 documented minimal degenerative changes and the most recent available MRI findings dated 6/1/12 were negative for meniscal tear, cruciate ligament tear, collateral ligament tear, and cartilage defect. The current request for right total knee replacement is not medically necessary and appropriate.