

Case Number:	CM14-0002562		
Date Assigned:	01/24/2014	Date of Injury:	12/03/2009
Decision Date:	06/12/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/07/2014

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 claimant is a 59-year-old female, who sustained injuries to her low back and bilateral lower extremities on December 3, 2009. Specific to the claimant's right knee, the records available for review include a December 3, 2011, operative report documenting knee arthroscopy, debridement and partial medial and lateral meniscectomy. A handwritten progress report dated December 10, 2013, described bilateral knee complaints. The physical examination showed an antalgic gait, joint line tenderness, restricted range of motion and a varus deformity to the right knee. A working assessment of status post right knee arthroscopy with continued pain was noted. The records report that failed care included viscosupplementation injections, prior physical therapy and arthroscopy. The claimant is reported to have a height of 4 feet 11 inches and weight of 230 pounds, producing a body mass index of 46.4. Based on failed conservative care, the treating physician recommended a right knee arthroplasty, as well as a supervised weight loss program. This review addresses the request for right knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

ARTHROPLASTY RIGHT KNEE: 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 CHAPTER.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG); TREATMENT IN WORKER'S COMP, 18TH EDITION, 2013 UPDATES: KNEE PROCEDURE - KNEE JOINT REPLACEMENT.

Decision rationale: The Official Disability Guidelines indicate that total hip and total knee arthroplasties are well accepted as reliable and suitable surgical procedures to return patients to function. The most common diagnosis is osteoarthritis. Overall, total knee arthroplasties were found to be quite effective in terms of improvement in health-related quality-of-life dimensions, with the occasional exception of the social dimension. The guidelines also indicate that one of the criteria for knee joint replacement (If only 1 compartment is affected, a unicompartmental or partial replacement may be considered. If 2 of the 3 compartments are affected, a total joint replacement is indicated.), includes the objective clinical findings of : Over 50 years of age and Body Mass Index (BMI) of less than 35, where increased BMI poses elevated risks for post-op complications. The claimant's body mass index is noted to be 46. This exceeds the maximum of BMI of 35 recommended by the guidelines. Given the claimant's BMI, operative intervention in the form of right knee arthroplasty would not be medically supported at this time.