

Case Number:	CM14-0003235		
Date Assigned:	01/31/2014	Date of Injury:	11/16/2009
Decision Date:	07/09/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/09/2014

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 Texas. 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 54-year-old male who reported an injury on 11/16/2009. The mechanism of injury involved a fall. Current diagnoses include status post medial and lateral partial meniscectomy and status post right knee arthroscopy on 06/21/2013. The injured worker was evaluated on 11/21/2013. The injured worker reported persistent right knee symptoms. Physical examination of the right knee revealed 130 degree flexion, 0 degree extension, tenderness at the medial joint line, positive patellofemoral grind testing, and 4/5 muscle strength in the quadriceps and hamstring. Treatment recommendations at that time included a unilateral joint replacement of the medial compartment as well as postoperative physical therapy for the right knee. X-rays obtained in the office on that date indicated significant medial compartment degenerative arthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

UNILATERAL JOINT REPLACEMENT OF THE MEDICAL COMPARTMENT OF RIGHT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: 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. Official Disability Guidelines state 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 is status post right knee arthroscopy on 06/21/2013. There were no updated imaging studies provided for this review. There was also no documentaiton of an exhaustion of conservative treatment prior to the request for an additional operative procedure. There was no mention of an attempt at viscosupplementation or steroid injections. Based on the clinical information received, the request is not medically necessary and appropriate.