

Case Number:	CM14-0005243		
Date Assigned:	01/24/2014	Date of Injury:	09/30/2005
Decision Date:	06/09/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/14/2014

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 a 50-year-old male with a 9/30/05 date of injury. He is status post left knee arthroscopy with intra-articular shaving and chondroplasty as of 2/6/13. His subjective complaints include worsening knee pain, and objective findings include mild tenderness to palpation in the patella, antalgic gait, left knee mild effusion, range of motion at 0-120 degrees, muscle strength 5-/5, and medial and lateral instability was noted. X-rays of the bilateral knees revealed no acute bony changes. His current diagnoses include bilateral knee patellofemoral syndrome, status post-surgery, unchanged status post knee surgery, and treatment to date has included Synvisc injections, physical therapy, and medications. A 2/6/13 arthroscopy report revealed medial and lateral gutters with moderate osteophytes consistent with more advanced degenerative disease; there were moderate wear changes laterally as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULT AND TREAT WITH [REDACTED] FOR POSSIBLE LEFT TOTAL KNEE REPLACEMENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation NONMTUS: AMERICAN COLLEGE OF

OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, CHAPTER 7, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, 127; and the Official Disability Guidelines.

Decision rationale: The MTUS/ACOEM guidelines state that that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The Official Disability Guidelines state that total knee replacement may be recommended with documentation of at least two of the three compartments affected, limited range of motion, nighttime joint pain, being over the age of 50, having a BMI of less than 35, imaging findings of osteoarthritis on standing x-ray or arthroscopy report, and a record of conservative treatment(s) such as physical modality, medications, and either Viscosupplementation injections or steroid injections. Within the medical information available for review, there is documentation of diagnoses of bilateral knee patellofemoral syndrome, status post-surgery, unchanged status post knee surgery. In addition, there is documentation of at least 2 of the 3 compartments affected, limited range of motion, being 50 years of age, imaging findings of osteoarthritis on arthroscopy report, and a record of conservative treatment, including physical modality, medications, and Viscosupplementation injections. However, there is no documentation of nighttime joint pain, and having a BMI of less than 35. As such, the request is not medically necessary.