

Case Number:	CM14-0005571		
Date Assigned:	01/24/2014	Date of Injury:	05/14/2013
Decision Date:	06/20/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/13/2014

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 63-year-old male who reported an injury on 05/14/2013 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to his left knee. The injured worker's treatment history included a left knee meniscectomy in the 1990s, rest, activity modification, physical therapy, medications, corticosteroid injections and viscosupplementation. The injured worker was evaluated on 11/19/2013. It was documented that the injured worker had an antalgic gait with a varus deformity of the bilateral knees. It was noted that the injured worker had medial and lateral joint line tenderness with quadriceps atrophy and limited range of motion described as 0 to 120 degrees. The injured worker's diagnoses included left knee osteoarthritis. The injured worker's treatment plan included a total knee arthroplasty followed by postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOTAL KNEE REPLACEMENT (TKR), LEFT 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Knee joint replacement

Decision rationale: The requested total knee replacement (TKR), left knee is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not specifically address this surgical intervention. Official Disability Guidelines recommend a total knee replacement for injured workers who have evidence of severe tricompartmental osteoarthritis supported by an imaging study and significantly impaired physical findings. The injured worker underwent an MRI on 10/23/2013 that documented severe osteoarthritic changes of the medial compartment with severe mucoid degeneration changes of the anterior cruciate ligament and chondromalacia changes of the patellofemoral joint. The Official Disability Guidelines recommend a total knee replacement when range of motion is less than 90 degrees. The clinical documentation submitted for review indicates that the injured worker has range of motion from 0 to 120 degrees. Additionally, the Official Disability Guidelines do not recommend knee arthroplasty unless there is a body mass index of less than 35. The most recent clinical documentation submitted for review does not document the injured worker's body mass index. Additionally, there is no documentation of nighttime joint pain or significantly limited function resulting from the injured worker's osteoarthritis, therefore, a knee replacement would not be indicated for this patient at this time. As such, the requested total knee replacement (TKR), left knee is not medically necessary or appropriate.