

Case Number:	CM14-0006331		
Date Assigned:	02/07/2014	Date of Injury:	07/07/2011
Decision Date:	06/12/2014	UR Denial Date:	12/27/2013
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 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 57-year-old male who sustained an injury to his right knee on 07/07/11 when he was throwing out trash he turned around, pivoting on his right knee and felt a pop followed by immediate pain. The treatment consisted of NSAIDs and physical therapy time six visits. The injured worker subsequently underwent right arthroscopic knee surgery. The injured worker reported that pain continued after the surgery and actually became worse. The injured worker had been treated with corticosteroid injections which helped temporarily and hyaluronic acid injections which provided relief for approximately six weeks. Physical examination of the right knee noted antalgic gait, favoring the right side; ambulation with a cane; range of motion 0 to 90°; palpable osteophytes medially with tenderness to palpation along the medial joint line; lateral joint line tenderness to palpation; patellofemoral compression and moderate effusion; increased varus alignment; knee is stable to Lachman's and posterior drawer testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE TOTAL KNEE REPLACEMENT: 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 & Leg, Knee Joint Replacement.

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 request for right knee total knee replacement is not medically necessary. The previous request was denied on the basis that the 12/02/13 report by [REDACTED] did not document the body mass index which the ODG indicates should be less than 35 BMI prior to considering total arthroplasty; therefore, the request was not deemed medically necessary. After further review of the documentation submitted, there were no physical therapy notes provided that would indicate the exact amount of physical therapy visits that the injured worker has completed to date or the injured worker's response to any previous conservative treatment. There were no signs of any locking, blocking, catching, etc. Given the clinical documentation submitted for review, medical necessity of the request for right knee total knee replacement has not been established.