

Case Number:	CM14-0009179		
Date Assigned:	02/12/2014	Date of Injury:	12/31/2012
Decision Date:	07/17/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/21/2014

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 48-year-old male who has filed a claim for internal derangement of the right knee associated with an industrial injury date of December 31, 2012. A review of progress notes indicates right knee pain. The patient reports that with sitting, the knee comes out of the socket and makes a lot of pop before going back into the socket, which is painful. The patient works as a driver and is unable to bend the knee while seated. Patient also reports waking up at night with pain. Findings include a right knee range of motion from 170 degrees extension to 120 degrees flexion, tenderness along the joint line, and anterior drawer test 1+. An MRI of the right knee dated February 22, 2013 showed a grade 3 oblique tear in the medial meniscus, mild-moderate lateral compartment arthrosis with high grade to full thickness chondral loss along the posterior and inferior lateral femoral condyle and posterior lateral tibial plateau with minimal subchondral changes, mild patellofemoral chondromalacia involving the medial and lateral trochlea, and post-operative changes. The treatment to date has included non-steroidal anti-inflammatory drugs (NSAIDs), opioids, muscle relaxants, topical analgesics, transcutaneous electrical nerve stimulation, bracing, injections to the right knee, and 4 previous right knee surgeries in 2005. The utilization review from December 26, 2013 denied the requests for total knee replacement as the patient did not meet the criteria such as with limited range of motion, nighttime joint pain, and age.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOTAL KNEE JOINT REPLACEMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Indications for Surgery - Knee Arthorplasty and Knee & Leg (Acute & Chronic).

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

Decision rationale: The California MTUS does not address this topic. According to ODG, indications for knee joint replacement includes conservative care consisting of exercise therapy and medications (NSAID, viscosupplementation injections, or steroid injections); subjective findings consisting of limited range of motion < 90 degrees, nighttime joint pain, no relief with conservative care, and documentation of current functional limitations; objective findings consisting of over 50 years of age, BMI < 35; and imaging findings consisting of osteoarthritis on standing x-ray, or previous arthroscopy. Revision is used for failed knee arthroplasties. In this case, the patient presents with a history of 4 right knee surgeries in 2005. Patient reports new-onset symptom of knee dislocation. However, the patient does not meet criteria for total knee joint replacement, such as limited range of motion, failure of conservative care. The request also does not indicate whether the left or right knee is involved. Therefore, the request for total knee joint replacement was not medically necessary.