

Case Number:	CM14-0100410		
Date Assigned:	09/16/2014	Date of Injury:	06/12/2013
Decision Date:	10/20/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	06/30/2014

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:

This is a 54-year-old female who was injured in a work-related accident on 6/12/13. Recent clinical records for review include a 9/4/14 progress report indicating right shoulder, low back, and right knee complaints. Specific to the right knee, the claimant has elected to proceed with total joint arthroplasty. She describes difficulty with activities of daily living and the documentation indicates she has failed conservative care including medication management, physical therapy, stretching, home exercises, viscosupplementation, corticosteroid injections and work restrictions. Objectively, there was tenderness to the medial and lateral joint line with limited range of motion and positive crepitation. She was diagnosed with end stage osteoarthritis. The recommendations at that time were for knee arthroplasty for further intervention. The records fail to demonstrate the claimant's body mass index.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right 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 - Knee & Leg Chapter, Knee Joint Replacement; Indications for Surgery, Knee Arthroplasty

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Procedure, Knee Joint Replacement

Decision rationale: Based on Official Disability Guidelines, as the California MTUS and ACOEM Guidelines do not provide criteria relevant to this request, total joint arthroplasty would not be indicated. The surgical process in this 54-year-old female would not be supported as there is no clear evidence of the claimant's body mass index. The Official Disability Guidelines indicate a body mass index of less than 35 before proceeding with the operative procedure. Without indication of the claimant's height and weight to determine the body mass index, the acute need for surgical process in this individual cannot be established.