

Case Number:	CM14-0017431		
Date Assigned:	04/14/2014	Date of Injury:	02/23/2011
Decision Date:	05/29/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/11/2014

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 claimant is a 37-year-old gentleman who was injured 02/23/11 when he stepped off of an I-beam and his right knee gave way resulting in acute complaints. He is status post 07/13/11 right knee arthroscopy with repeat arthroscopy for meniscectomy and débridement occurring in October 2012. Following this procedure, the claimant was with continued complaints of pain for which an MRI scan indicated degenerative changes medially into the patellofemoral compartment in July 2013. Based on these findings, the claimant actually underwent a third operative arthroscopy on 11/16/13 where partial medial and lateral meniscectomy and removal of loose body with tricompartmental chondroplasty took place. Follow up clinical report of 01/15/14 indicated ongoing complaints of pain and swelling. The claimant was diagnosed with endstage degenerative change based on recent operative findings and surgical arthroplasty was recommended for further intervention. It states the claimant has also failed Corticosteroid and viscosupplementation injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOTAL RIGHT KNEE ATHROPLASTY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Citation: Official Disability Guidelines; Knee Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Citation: Official Disability Guidelines (ODG) Official Disability Guidelines Treatment In Worker's Comp , 18th Edition, 2013 Updates: Knee Procedure - Knee Joint Replacement.

Decision rationale: Based on Official Disability Guidelines criteria as California ACOEM guidelines are silent, total joint arthroplasty would not be indicated. This is a 37-year-old gentleman with diagnosis of osteoarthritic change from work related injury of 2011. At present, guidelines fail to support the need for surgery in individuals under the age of 50. Given the claimant's age and lack of specific documentation of conservative measures since time of recent November 2013 surgery, the acute need of arthroplasty in this individual would not be indicated.