

Case Number:	CM14-0017641		
Date Assigned:	04/16/2014	Date of Injury:	01/14/2011
Decision Date:	06/30/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/12/2014

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 Orthopaedic 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 57-year-old male who sustained an industrial injury on 1/14/11 when he felt a pop in his knee, getting into a car. The medical records indicated that the patient was 6 foot tall and weighed 330 pounds, with a body mass index (BMI) of 44.76. The 4/25/11 right knee MRI (magnetic resonance imaging) revealed degenerative arthritis with moderately severe degenerative changes in the medial compartment, a complex tear of the posterior horn of the medial meniscus, right knee effusion, and mild patellar chondromalacia. The patient underwent right knee arthroscopy with microfracture on 6/16/11. The 6/26/13 treating physician report indicated that the patient presented with right knee pain aggravated by walking, inclines, and uneven surfaces. Pain is decreased or relieved by non-weight bearing. There had been minimal swelling and no locking/catching for 6 months. Prior treatments included knee surgeries, multiple non-steroidal anti-inflammatory drugs (NSAIDs), one cortisone shot helped for 2 weeks, and 24 sessions of physical therapy. Objective findings documented gait favoring right knee, medial joint space tenderness, 0-110 degrees range of motion, no effusion, no instability, positive McMurray's with medial pain, and mildly positive patellar grind test. X-rays reportedly showed near bone-on-bone, medial aspect. The diagnosis was degenerative joint disease medial joint space with elevated BMI and young age. The plan recommended a trial of viscosupplementation and weight loss to bring the BMI closer to 35. The 1/8/14 treating physician report documented that pain initially increased with Synvisc, and then was only slightly better. The patient did not want additional viscosupplement therapy and wanted to go ahead with total knee arthroplasty. There was no additional exam information. The 2/4/14 utilization review indicated that the patient matched all surgical criteria, except for BMI less than 35. The most recent BMI was documented as 44. The medical records indicated the treating

physician desire for the BMI to be less than 40 and ideally 35, prior to surgery. The patient had not been compliant with weight loss. The request for total knee arthroplasty was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT 3-DAY IN-PATIENT STAY: 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, Hospital length of stay (LOS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Hospital length of stay (LOS).

Decision rationale: As the request for right total knee arthroplasty is not medically necessary, the request for 3 day inpatient stay is also not necessary.

URGENT RIGHT TOTAL KNEE ARTHROPLASTY: 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, Arthroplasty.

Decision rationale: Under consideration is a request for right total knee arthroplasty. The California MTUS does not provide recommendations for total knee arthroplasty. The Official Disability Guidelines (ODG) recommends total knee replacement when surgical indications are met. Specific criteria for knee joint replacement include exercise and medications or injections, limited range of motion (less than 90 degrees), night-time joint pain, no pain relief with conservative care, documentation of functional limitations, age greater than 50 years, a body mass index (BMI) less than 35, and imaging findings of osteoarthritis. The ODG criteria have not been met. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment, including exercise, has been tried and failed. The patient has a BMI of 44 with treating physician recommendations for weight loss to a BMI of at least 40 and ideally 35. The most recent range of motion documentation indicates that the patient exceeds guideline criteria at 110 degrees. Overall therefore, this request for right total knee arthroplasty is not medically necessary at this time.