

Case Number:	CM14-0110799		
Date Assigned:	08/01/2014	Date of Injury:	07/08/2007
Decision Date:	09/09/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/16/2014

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 60-year-old with reported industrial injury on 7/8/2007. The AME report from 9/19/08 demonstrates a report of medial and lateral meniscal tears, contusion and right knee osteoarthritis. The opinion is made by AME physician that surgery in the form of total knee replacement may be proper in the future. Radiographs bilateral knees on 3/12/13 demonstrate moderate to severe degenerative changes in the right knee, most prominent in the medial compartment. Exam note 2/7/14 demonstrates reported body mass index (BMI) is 51. Exam note 6/19/14 demonstrates injection to the right knee was temporary in effect. Height is reported as 71 inches and weight is 270 pounds with a BMI of 37.7. Range of motion is note to be 0-118 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Total Knee Arthroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter: 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 arthroplasty.

Decision rationale: CA MTUS/ACOEM is silent on the issue of total knee replacement. According to the Official Disability Guidelines regarding knee arthroplasty, the criteria for knee joint replacement, which includes conservative care with subjective findings including limited range of motion less than 90 degrees. In addition, the patient should have a body mass index (BMI) of less than 35 and be older than 50 years of age. There must also be findings on standing radiographs of significant loss of chondral clear space. The clinical information submitted demonstrates insufficient evidence to support a knee arthroplasty in this patient. There is no documentation from the exam notes from 2/7/14 or 6/19/14 of increased pain with initiation of activity or weight bearing. There are no records in the chart documenting night pain. There is no evidence in the cited examination notes of limited range of motion less than 90 degrees. The claimant's most recent BMI is 37.7, which exceeds the guidelines. Therefore, the guideline criteria have not been met and the determination is not medically necessary.

Preoperative clearance with primary care physician for labs and EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICIS); June 2010, Page 40; Preoperative Evaluation; Bloomington.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested primary procedure is not medically necessary, none of the associated services are medically necessary and appropriate.