

Case Number:	CM14-0118613		
Date Assigned:	08/06/2014	Date of Injury:	04/28/2013
Decision Date:	09/24/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/29/2014

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:

This 47-year-old female janitor sustained an industrial injury on 4/28/13 relative to a slip and fall. She underwent right knee medial and lateral partial meniscectomies, removal of loose body, debridement, and excision of plica on 8/28/13. The patient had post-op physical therapy with benefit reported. The 5/15/14 right knee MRI impression demonstrated a distal intramedullary femoral shaft lesion compatible with avascular necrosis, moderate to severe patellofemoral arthrosis, intrasubstance degeneration/fraying the anterior horn of the lateral meniscus and posterior horn lateral meniscal root. There was a small loose body posterior to the distal anterior cruciate ligament and evidence of anterior and posterior cruciate ligament degeneration. The 6/6/14 treating physician report cited MRI findings of significant bone-on-bone arthrosis of the patellofemoral joint and mild to moderate chondromalacia of the medial and lateral joints and condyles. The patient had no pain as she was not working at this time. She reported occasional pain in bent positions. She was taking no medications. The patient was 5'5" and 180 pounds (calculated body mass index 30). Right knee exam demonstrated crepitus with range of motion, medial and lateral parapatellar tenderness, and medial and lateral joint line tenderness. The diagnosis was right knee osteoarthritis. The patient had failed conservative treatment after surgery for debridement, chondroplasty, and partial medial meniscectomy. She can do a sit-down job. The treating physician opined that she will not be able to return to her previous occupation without a total knee arthroplasty. The 6/25/14 utilization review denied the request for total knee arthroplasty due to age and body mass index. The 7/18/14 treating physician report indicated the patient had diffuse medial and lateral knee discomfort with activities. Right knee exam demonstrated medial and lateral joint line tenderness, flexion to 100 degrees, and a 5 degrees flexion contracture. The treatment plan recommended consideration of continuing Supartz while trying to obtain approval for surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee - Total Knee Arthroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: The California MTUS does not provide recommendations for total knee arthroplasty. The Official Disability Guidelines recommend total knee replacement when surgical indications are met. Specific criteria for knee joint replacement include exercise and medications or injections, limited range of motion (< 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. Guidelines criteria have not been met. This patient is 47 years old (under typical guideline criteria) and is relatively pain free with activity modifications. The patient appears to have responded reasonably well to conservative treatment. There is no current evidence of limited range of motion or pain at night consistent with guideline criteria. Therefore, Right Knee - Total Knee Arthroplasty is not medically necessary.