

Case Number:	CM14-0119439		
Date Assigned:	08/06/2014	Date of Injury:	01/17/2001
Decision Date:	09/10/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/28/2014

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 54-year-old female sustained an industrial injury on 1/17/01. The mechanism of injury was not documented. The 8/1/13 initial orthopedic consult report indicated that the patient had ongoing chronic right lower extremity problems relative to chronic lumbar spine dysfunction. She fell down a flight of stairs inside her home on 3/18/13 with onset of right knee severe swelling and discomfort. The patient reported catching, grinding, swelling, limited motion, weakness, and radicular type pain throughout the entire lower extremity. Increased right medial knee pain was reported subsequent to the fall and interfered with sleep. Right knee exam documented mild varus alignment, trace intra-articular effusion, grade 3/3 tenderness over the medial joint line, pes anserine, and semimembranosus insertions. The proximal medial collateral ligament was minimally tender. There was no tenderness over the lateral joint line, lateral collateral ligament, and iliotibial band. Right knee range of motion was 0-105 degrees. There was mild pseudolaxity of the medial collateral ligament at 30 degrees of flexion. There was no other ligamentous laxity. The Patellofemoral exam revealed no crepitation, central tracking, and no significant medial or lateral retinacular tenderness. Her height was 5'6 and weight was 248 pounds. Weight bearing films showed bone-on-bone medial compartment femorotibial arthropathy with obliteration of the medial joint space and mild varus secondary malalignment. The lateral joint space appeared to be of normal width with no marginal osteophytes or loose bodies, and the patellofemoral view showed no evidence of patellofemoral arthropathy. The 4/25/13 MRI scan was reviewed and showed complete loss of articular cartilage in the femorotibial compartment of the knee. There was a suggestion of low-grade to moderate-grade chondromalacia of the lateral femorotibial compartment. There was a possible lateral meniscus tear. The surgeon opined that arthroscopic lateral meniscectomy surgery was not indicated at present given the pending lumbar spine surgery and lack of lateral symptoms. Future arthroscopic partial lateral meniscectomy might be

a consideration. Given the severity of her medial compartment findings, future care will likely involve evaluation for a possible arthroplasty. The 7/14/14 progress report cited severe right knee pain with difficulty walking. She was using a walker to prevent falls. A 6/5/14 orthopedic report was reviewed including the recommendation that a total knee arthroplasty would likely be most beneficial to eliminate the patient's complaints of pain and dysfunction. The 7/16/14 utilization review denied the request for inpatient total knee arthroplasty as there was no imaging or radiographic evidence of end-stage knee osteoarthritis or associated clinical findings.

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. Decision based on Non-MTUS Citation Official Disability Guidelines - 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 and Leg, Knee joint replacement.

Decision rationale: The California MTUS guidelines are silent regarding total knee arthroplasty. The Official Disability Guidelines recommend total knee replacement when surgical indications are met. If only 1 compartment is affected, a unicompartmental or partial replacement may be considered. If 2 of the 3 compartments are affected, a total joint replacement is indicated. 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. There are no current physical exam findings documented. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment directed to the right knee had been tried and failed. There is no evidence that the patient has significant degenerative findings outside the medial compartment to support the medical necessity of a total knee replacement. There is no current documentation relative to the patient's current body mass index; last available information on 8/1/13 indicated a BMI of 40. Given the failure to meet guideline criteria, this request for right total knee arthroplasty is not medically necessary.

3 Day Inpatient Stay: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Hospital length of stay (LOS).

Decision rationale: As the requested surgery is not medically necessary, the request for 3 day inpatient stay is also not medically necessary.