

Case Number:	CM14-0120709		
Date Assigned:	08/06/2014	Date of Injury:	03/09/2012
Decision Date:	09/11/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/31/2014

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 29-year-old male truck driver sustained an industrial injury on 3/9/12. Injury occurred when he slipped and twisted his left knee. The 4/2/12 left knee MRI revealed an old un-united fracture of the posterior lateral aspect of the lateral femoral condyle, a complex tear of the medial meniscus, and a sequestered intra-articular body in the anterolateral joint recess. The patient underwent left knee arthroscopy with partial lateral meniscectomy, and debridement/chondroplasty of an osteochondral fracture of the lateral femoral condyle on 10/8/12. The 10/1/13 standing x-rays of both knees showed a medial joint space of 4 mm bilaterally and lateral joint space of 5 mm bilaterally. The patient had a sudden severe increase in left knee pain on 1/17/14 when he jumped down from his truck. The patient had a steroid injection on 2/6/14 that helped. The 3/26/14 left knee MRI impression documented multiple intra-articular loose bodies, severe lateral compartment osteoarthritis changes, status post partial lateral meniscectomy, and a diminutive medial meniscus. There was a small subchondral osteophyte over the anterior weight bearing portion of the medial femoral condyle. Hyaluronic acid injection was provided on 5/23/14 which did not help. The 6/12/14 orthopedic report cited on-going left knee pain. The left knee exam documented range of motion 15-135 degrees, pain with full extension, no crepitus with motion, no erythema, no medial or lateral collateral ligament laxity, negative Lachman's, and negative anterior and posterior drawer tests. McMurray's and pivot shift tests were negative. The patella tracked well. The provider stated that the patient had a serious deformity of the lateral femoral condyle. He was young for a knee replacement but the other treating orthopedist felt that was the only viable option. Conservative treatment has included home exercise program, activity modification, physical therapy, anti-inflammatory medication, cortisone injection 2/6/14, Hyalgan injection 5/23/14 with no relief, and Norco. The 7/17/14 utilization review denied the total knee arthroplasty request as the

patient was only 29 years old and his body mass index was 36.2 which exceeded guideline recommendations. The reviewer felt other surgical options should be explored.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left 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- Treatment in Workers Comp. (ODG-TWC): Chapter Knee: 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 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 only 29 years old and his body mass index exceeds guideline recommendations. There is no current functional assessment. The patient is working full time. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried subsequent to the most recent flare-up and failed. Therefore, this request for left total knee arthroplasty is not medically necessary.

2-3 day in-patient hospitalization: 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: The California MTUS does not provide recommendations for hospital length of stay. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The recommended median and best practice target for a total knee arthroplasty is 3 days. This request is consistent with guidelines. However, as the requested surgery is not medically necessary, this request for 2 to 3 inpatient hospitalization is also not medically necessary.

