

Case Number:	CM14-0123049		
Date Assigned:	08/08/2014	Date of Injury:	08/16/2011
Decision Date:	09/11/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/04/2014

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 54-year-old female injured on 08/16/11, sustaining injury to the right knee. Clinical records for review include a previous plain film radiographs showing joint space narrowing medially in a varus deformity. A 07/02/14 MRI of the right knee showed blunting of the posterior horn of the medial meniscus and "mild degenerative changes." The claimant is status post a prior arthroscopic debridement of the right knee with meniscectomy both medially and laterally with abrasion arthroplasty of the medial femoral condyle. There is documentation of recent corticosteroid injection. The claimant's recent progress report dated 05/27/14 describes continued complaints of right knee with examination showing 10 to 105 degrees range of motion and antalgic gait. It indicates that following a course of conservative care, there is a current request for arthroplasty in this individual. There is no indication of prior viscosupplementation or indication of a body mass index.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total knee arthroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg chapter, updated 6/5/14, Indications for Surgery- Knee Arthroplasty: Criteria for 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)-- Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: knee procedure - Knee joint replacement.

Decision rationale: CA MUT Guidelines are silent. Based on Official Disability Guidelines, surgical intervention would not be indicated. Clinical records for review fail to demonstrate a body mass index or indication of significant conservative care including prior viscosupplementation injections. Guidelines recommend the role of previous injection therapy and a body mass index of 35 before proceeding with operative procedure. When taking into account the claimant's recent MRI scan of the knee that shows "mild degenerative change" the acute need of operative intervention in this individual would not be supported.