

Case Number:	CM14-0127378		
Date Assigned:	08/15/2014	Date of Injury:	07/16/2008
Decision Date:	10/01/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/12/2014

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:

70 year old female claimant with an industrial injury dated 11/28/08. The patient is status post a right knee arthroscopy as of 1991, and a left knee arthroscopy as of 2007. Radiograph right knee performed on 07/08/14 and notes bone on bone contact. Exam note 07/23/14 states the patient still complains of right knee pain. The patient also states that there is numbness radiating from the knee down to the foot, and it is worsened when going upstairs or switching from a seated position to standing. In addition, the patient states that they experience popping, clicking, instability, and intermittent pain of a 8/10. Upon physical exam there was no evidence of tenderness surrounding the lateral wall trochlear groove, but there was tenderness of the medial joint line. There was also right soft tissue palpation. Range of motion was noted as limited with a flexion of 120 degrees, extension of 3 degrees, a medial rotation and lateral rotation as normal with no pain. There was evidence of medial spurring and there was no hamstring weakness or quad weakness. Flexion was noted as a 5/5 strength, and extension was also a 5/5. Diagnosis was noted as a tear of medial cartilage and/or meniscus of the knee, localized primary osteoarthritis, and osteoarthritis of the knee. Treatment includes a right total knee replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

R. Total knee replacement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg 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 arthroplasty

Decision rationale: CA MTUS/ACOEM is silent on the issue of total knee replacement. According to the Official Disability Guidelines regarding Knee arthroplasty: Criteria for knee joint replacement which includes conservative care with subjective findings including limited range of motion is less than 90 degrees. In addition the patient should have a 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 7/23/14 of increased pain with initiation of activity or weight bearing. There are no records in the chart documenting when physical therapy began or how many visits were attempted. There is no evidence in the cited examination notes of limited range of motion less than 90 degrees. Therefore the guideline criteria have not been met and the determination is not medically necessary.