

Case Number:	CM14-0130356		
Date Assigned:	09/08/2014	Date of Injury:	11/28/2008
Decision Date:	10/14/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/15/2014

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 claimant with reported industrial injury of January 29, 2007 and November 28, 2008. Exam note 7/24/2014 demonstrates knee pain right greater than left. The claimant reports his knee pain is constant and slight to moderate increasing to moderate intermittent particularly with activities or prolonged walking or stair negotiation. Examination discloses range of motion of the knees from 0-115 on the left and 0-100 on the right. Pseudo-laxity is noted to varus stress in the right. Report is made of hypertrophic bony changes, which are palpable on the right side on the medial side. Tenderness is noted along the anterior medial joint line and posterior medial joint line in the right. Standing radiographs disclose obliteration of the medial joint space on the right with no more than 2 mm of joint space interval on the lateral side of the right showing worse than the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right 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 (updated 06/05/14) 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 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 7/24/14 demonstrates insufficient evidence to support a knee arthroplasty in this patient. 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 for non-certification.