

Case Number:	CM14-0131836		
Date Assigned:	08/20/2014	Date of Injury:	08/06/2010
Decision Date:	09/29/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/18/2014

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:

This is a 52-year-old male who sustained a vocational injury as a result of cumulative trauma on 08/06/10. The medical records provided for review document that the injured worker underwent unicompartamental right knee replacement on 03/19/14 and a left knee arthroscopy in 2005. The office note dated 06/25/14, documented that the injured worker had completed postoperative physical therapy after the right unicompartamental knee arthroplasty and had not had any recent treatment for the left knee. Physical examination of the left knee revealed a mild antalgic gait, tenderness over the medial and lateral joint lines, and painful, limited range of motion. He was given a diagnosis of left knee advanced degenerative joint disease which had flared up. He was prescribed Anaprox and Prilosec. This review is for the recommendation of a left total knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total Left Knee Arthroscopy: 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 18TH EDITION, 2013 (KNEE JOINT REPLACEMENT).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG);
Knee & Leg chapter: Knee joint replacement.

Decision rationale: The California MTUS and ACOEM Guidelines do not address the specific surgery being requested. The Official Disability Guidelines (ODG) note that prior to considering surgical intervention for total knee arthroplasty patients should have a documented BMI of less than 35 as well as significant end stage arthritis on standing x-rays or with previous arthroscopic images. In addition, patients should also fail conservative treatment in the form of exercise therapy, medications, or viscosupplementation/steroid injections. The medical records provided for review do not contain documentation that the injured worker has attempted and failed reasonable courses of conservative treatment. The injured worker's current BMI is not documented in the recent office notes. There is also a lack of a diagnostic study, preferably in the form of radiographs, which confirm and corroborate end stage arthritis of the left knee. Therefore, based on the documentation presented for review and in accordance with the Official Disability Guidelines, the request for a left total knee arthroplasty is not medically necessary.

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