

Case Number:	CM14-0137124		
Date Assigned:	09/05/2014	Date of Injury:	04/08/2010
Decision Date:	10/30/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/25/2014

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:

48-year-old female claimant with an industrial injury dated 04/08/10. Conservative treatments have included injections, medication, and activity modification. The patient is status post a right knee arthroscopy dated 12/28/10. Exam note 06/11/14 states the patient returns with right knee pain. The patient rates the pain a 8/10 and describes the pain as a throbbing, aching, sharp, dull pain. She also complains of weakness and the knee giving out. She states that standing, prolonged walking, repetitive bending, climbing, and lifting aggravate the pain. The patient uses a cane and takes medication to aid in pain relief. Upon physical exam there was a visible scar over the well healed arthroscopic portals over the right knee. The patient has normal reflexes bilaterally, along with normal hamstring reflexes, and ankle reflexes. There is tenderness along the right knee at the medial parapatellar and lateral parapatellar. The Apley's grinding test was positive, and the Drawer test was negative on the right knee. McMurray test with interior and exterior rotation reveal pain on upon the demonstration. Knee flexion was 125', extension was 0', internal rotation was 15', and external rotation was 15'. Diagnosis was listed as degenerative arthritis of the right knee. Patient has a reported body mass index of 43. Treatment includes a right knee arthroscopy and a walking program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total Knee Arthroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - 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 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 demonstrates insufficient evidence to support a knee arthroplasty in this patient. There is no evidence in the cited examination notes from 6/11/14 of limited range of motion less than 90 degrees. The patient is under 50 years of age and has a BMI of 43. Therefore the guideline criterion has not been met and is not medically necessary and appropriate.