

Case Number:	CM14-0137426		
Date Assigned:	09/05/2014	Date of Injury:	05/31/2006
Decision Date:	09/25/2014	UR Denial Date:	07/30/2014
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:

This 60-year-old female marriage/family therapy intern sustained an industrial injury on 5/31/06. Injury occurred when she fell forward landing on both hands and knees. The patient was diagnosed with bilateral knee degenerative joint disease and L4/5 annular tear. The 10/4/11 right knee x-rays demonstrated degenerative osteoarthritis with medial compartment narrowing and osteophyte formation on the tibial plateaus and femoral condyles both medially and laterally. Conservative treatment included medications, activity modification, physical therapy, corticosteroid injections, and Synvisc injection with no improvement. The 5/13/14 orthopedic report cited severe right knee pain, present with activity and at rest. Physical exam documented body mass index 33.10. The patient demonstrated a limp on the right and difficulty transferring from the chair to standing, and standing to the exam table. Right knee exam documented no swelling or effusion, mild varus deformity, and tenderness to palpation over the medial and lateral joint lines. Range of motion was 5-110 degrees with crepitance. There was 4/5 quadriceps strength and inability to palpate the dorsalis pedis and posterior tibial pulses. Standing bilateral knee x-rays demonstrated advanced osteoarthritis with complete loss of medial joint space. The vascular consultant had approved knee arthroplasty and felt the inability to palpate pulses in the right foot and ankle was due to calcific vessels with loss of elasticity. A right total knee arthroplasty was recommended. The 7/30/14 utilization review denied the request for total knee arthroplasty as body mass index was not documented and recent x-rays or functional limitations were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Total Knee Replacement to be performed by [REDACTED]: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Knee & Leg, 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 joint replacement.

Decision rationale: The California MTUS does not provide recommendations for total knee arthroplasty. The Official Disability Guidelines recommend knee joint replacement when surgical indications are met. Specific criteria for knee joint replacement include exercise and medications or injections, limited range of motion, night-time joint pain, no pain relief with conservative care, documentation of functional limitations, age greater than 50 years, a body mass index (BMI) less than 35, and imaging findings of osteoarthritis. Guideline criteria have been met. Subjective and clinical exam findings are consistent with imaging evidence of advanced osteoarthritis of the right knee. Conservative treatment included medications, activity modification, physical therapy, corticosteroid injections, and Synvisc injection with no improvement. Guideline indications for total knee arthroplasty have been met. Therefore, this request is medically necessary.