

Case Number:	CM14-0138998		
Date Assigned:	09/05/2014	Date of Injury:	11/26/2013
Decision Date:	10/03/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/27/2014

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 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:

The patient has a date of injury of November 26, 2013. The patient is a 51-year-old male who has had 2 knee arthroscopy surgeries. MRI reports primarily knee osteoarthritis in only the medial compartment. There is not advanced arthritis in the other knee compartments. The patient continues to have knee pain. On physical examination the patient is 240 pounds. There is a full range of motion in both knees. Both legs are neurovascularly intact. At issue is whether total knee surgeries medically necessary.

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 (ODG), Indications for Surgery, Knee Arthroplasty (Criteria for knee joint replacement)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee Chapter, Knee Arthroplasty and Pain Chapter.

Decision rationale: This patient does not meet establish criteria for total knee surgery. Specifically the imaging studies only document osteoarthritis in the medial compartment. Guidelines indicate for under 65-year-old age group that objective evidence of advanced arthritis

in at least 2 of the 3 knee compartments must be present. In this case imaging studies only show right knee medial compartment arthritis. Therefore criteria for total knee replacement not met and the request of Right total knee replacement is not medically necessary and appropriate.

Referral to knee replacement specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Hinge knee brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.