MAXIMUS Federal Services

Case Number:	CM14-0144707		
Date Assigned:	09/12/2014	Date of Injury:	12/24/1993
Decision Date:	11/03/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/08/2014

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 Orthopaedic 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 62-year-old female service representative sustained an industrial injury on 12/24/1993, relative to a fall. Past medical history was negative. Mental health history was positive for hospitalization and psychiatric treatment. Past surgical history was positive for multiple right knee arthroscopic surgeries on 4/14/99, 8/18/00 and 11/21/05, right shoulder arthroscopic acromioplasty and open rotator cuff repair on 5/28/02, and right knee total knee replacement on 7/23/08. The patient was diagnosed with a medial meniscus tear and underwent left knee arthroscopic surgery in April 2010. The 3/15/14 left knee MRI impression documented moderate tricompartmental chondromalacia, joint effusion/synovitis, and degenerated appearance of the menisci, scarring of the medial collateral ligament and attenuation/old partial tear of the fibular collateral ligament. The treating physician progress reports from 2/27/14 to 5/15/14 documented conservative treatment to include home exercise, heat/ice, pain medications, left knee bracing, and aquatic therapy with no sustained improvement. A corticosteroid injection was performed to the left knee on 2/27/14 with 3 days of pain relief. The 6/3/14 orthopedic report cited grade 9.5/10 left global knee pain radiating to the front of the thigh. Walking was limited to 1 block at best. Functional difficulty was noted in activities of daily living, standing from a sitting position, climbing stairs, and squatting. Prior treatment was documented as arthroscopy and a series of viscosupplementation. Left knee exam documented antalgic gait, no effusion, and medial and lateral joint line tenderness. Range of motion was -5 to 110 degrees on the right and 0-120 degrees on the left. McMurray's sing was negative. Cruciate function was intact with negative posterior drawer sign and Lachman maneuver. X-rays were taken and showed moderate degenerative change in the medial compartment and patellofemoral joint. Authorization was requested for left total knee arthroplasty. The 8/11/14 AME report documented height 5'9" and weight 223 pounds (calculated body mass index 32.9). The 8/14/14 treating physician report

cited complaints of neck, low back, bilateral shoulder and left knee pain. Pain was rated at 8/10. The patient fell 2 weeks ago due to her left knee giving way. Medications included Percocet and Gabapentin and provided adequate pain management. Physical exam documented left sided mid-strike, push off antalgic gait assisted by a cane. There was tenderness to palpation over the left knee medial and lateral joint lines and patella, with no effusion noted. Lower extremity strength was 5/5. The 8/20/14 utilization review denied the request for total knee arthroplasty as there was no documentation of failed comprehensive conservative treatment, including exercise and anti-inflammatories and/or viscosupplementation, range of motion was greater than 90 degrees, and no body mass index was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroplasty: 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) Knee and Leg, Knee Joint Replacement; ODG 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 and Leg, Knee joint replacement

Decision rationale: The California MTUS does not provide recommendations for total knee arthroplasty. The Official Disability Guidelines recommend total knee replacement when surgical indications are met. Specific criteria for knee joint replacement include exercise and medications or injections, limited range of motion (< 90 degrees), 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. Current peer-reviewed guidelines recommend variables be addressed in the pre-operative period to reduce potential for infection, including optimizing medical conditions. Preoperative measures include management of patients colonized by Staphylococcus aureus, nutritional optimization, and management of medical comorbidities. Guideline criteria have been met. Current imaging documented moderate tricompartmental degenerative changes. There is constant moderately severe left knee pain with significant functional limitations in walking and activities of daily living. Guideline-recommended conservative treatment was recently provided with no sustained improvement. Range of motion is limited, although not markedly. There is giving way that has resulted in a fall. Body mass index is less than 35. Therefore, this request is medically necessary.