

Case Number:	CM14-0164527		
Date Assigned:	10/08/2014	Date of Injury:	08/20/2012
Decision Date:	11/10/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/06/2014

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 29-year-old male sorter sustained an industrial injury on 8/20/12. Injury occurred when he fell off a pallet, twisting his left knee. He underwent partial medial meniscectomy and chondroplasty on 1/21/13. The operative report documented grade II to III chondromalacia of both the femoral condyle and tibial plateau, and a medial meniscus tear. Knee x-rays taken 6/5/14 showed medial joint space on the left of 3 mm, compared to the right of 6 mm. Records from 3/12/14 to 7/29/14 documented constant grade 9/10 pain with cracking, popping and increased pain with running. Activities of daily living increased pain and the knee felt weak and unstable. Numbness was reported around the patella. Lying down and wearing the knee brace helped the pain. Conservative treatment for the left knee had included Synvisc injections with temporary benefit and an unloader brace. Records indicated that the patient was not taking pain medications, attending therapy, or working. The 8/27/14 treating physician report cited complaints of stabbing and aching grade 9/10 bilateral knee pain with pins and needles. Physical exam documented height 6'1", weight 280 pounds, antalgic gait, normal patellar tracking, negative patellar grind maneuver, and tenderness over the medial and lateral left knee and hamstrings. Swelling was present with no erythema or effusion. Grind maneuver was positive medially. McMurray's test was positive medially. Drawer's, Lachman's, and varus/valgus stress tests were negative. Left knee range of motion was 0-120 degrees. Knee strength was 5/5. Lower extremity deep tendon reflexes were normal. The diagnosis was left knee medial arthrosis following arthroscopy and right knee compensatory strain. Authorization was requested for left knee hemiarthroplasty. The 9/23/14 utilization review denied the request for left knee hemiarthroplasty based on patient age, lack of a documented body mass index, and no explanation relative to the paresthesias.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Hemiarthroplasty: Upheld

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

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 knee arthroplasty. The Official Disability Guidelines recommend knee joint replacement when surgical indications are met. If only one compartment is affected, a unicompartmental or partial replacement may be considered. If 2 of the 3 compartments are affected, a total joint replacement is indicated. 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. Guideline criteria have not been met for a hemiarthroplasty. This patient is 29 years old with a body mass index of 36.9. Range of motion currently exceeds guideline criteria at 120 degrees. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial, including exercise and medication, and failure has not been submitted. Therefore, this request is not medically necessary.