

Case Number:	CM14-0166309		
Date Assigned:	10/13/2014	Date of Injury:	04/03/2007
Decision Date:	11/26/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/09/2014

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:

60-year-old male claimant with an industrial injury dated 04/03/07. MRI of the left knee dated 05/13/13 reveals reactive marrow changes of the medial femorotibial compartment and extensive severe articular cartilage loss. There was also complex extensive tearing of the medial meniscus with large peripherally displaced inner meniscus and joint effusion. Exam note 08/29/14 states the patient returns with knee pain. Upon physical exam the patient demonstrated a 5/5 motor strength of the bilateral lower extremity. There was evidence of tenderness present. The patient had a flexion of 130'. The patient completed a negative Lachman's drawer test, Pivot shift, and McMurray's test. Conservative treatments have included medication, Kenalog injections, and activity modification. Treatment includes as Total Knee Arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Knee Arthroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- 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 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 documentation from the exam notes from 8/29/14 of increased pain with initiation of activity or weight bearing. There are no records in the chart documenting when physical therapy began or how many visits were attempted. There is no evidence in the cited examination notes of limited range of motion less than 90 degrees. There is no formal weight bearing radiographic report of degree of osteoarthritis. Therefore, the guideline criteria have not been met and the determination is not medically necessary.