

Case Number:	CM14-0167523		
Date Assigned:	10/14/2014	Date of Injury:	09/17/2007
Decision Date:	11/17/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/10/2014

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 65-year-old male sustained an industrial injury on 9/17/2007. The mechanism of injury was not documented. Past surgical history was positive for left knee anterior cruciate ligament reconstruction in 1983, left knee lateral collateral ligament and ACL repair and lateral meniscectomy in 1985, and subsequent left total knee arthroplasty. The patient underwent right knee partial medial meniscectomy and chondroplasty on 8/10/11. Records indicated that the patient was cleaning the undercarriage of a lawnmower on 4/7/14 and rose from a sitting/kneeling position. His right knee gave way and buckled inward causing him to lose his balance and fall landing on his left hip. Subsequent conservative treatment had included bracing and medications. The 7/14/14 knee x-rays demonstrated mild to moderate osteoarthritis of the right knee. There was mild medial joint space narrowing with peri-articular osteophyte formation. There were smaller peri-articular osteophytes seen within the lateral patellofemoral compartment. No knee effusions were seen. The 7/14/14 pelvis x-rays documented moderate bilateral hip osteoarthritis with diffuse joint space narrowing. The 8/19/14 treating physician report cited on-going pain and stiffness to both knees, worse on the right. Additional complaints included constant lumbar pain radiating down the right leg, bilateral hip pain, and right ankle pain. The patient was working regular duty. Right knee exam documented medial and lateral joint line tenderness, positive McMurray's test, and range of motion 5 to 106 degrees with significant crepitation. There was pain but no instability with varus and valgus stressing. The diagnosis included status post right knee arthroscopy with re-injury and tricompartmental degenerative joint disease right knee. The treatment plan recommended authorization for referral to an orthopedic surgeon for evaluation and total right knee arthroplasty and a [REDACTED] brace. The 9/22/14 utilization review modified the request for referral to an orthopedic surgeon for evaluation and total right knee arthroplasty to an orthopedic consultation as there was no clear

indication that the tricompartmental osteoarthritis was serious enough to indicate a total knee arthroplasty at this time. The request for a Don Joy brace was approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Orthopedic Surgeon for Evaluation and Total Right Knee Arthroplasty:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg: Office Visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 127 Official Disability Guidelines (ODG) Knee and Leg, Knee joint replacement

Decision rationale: The California MTUS guidelines support referral to a specialist when the plan or course of care may benefit from additional expertise. The MTUS guidelines do not provide recommendations for total knee arthroplasty. The Official Disability Guidelines recommend total knee arthroplasty when indications are met. Specific criteria 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. Surgical guideline criteria have not been met. There is no current evidence of significant functional limitations. The patient remains at full duty work with no documented pain or functional assessment. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. The 9/22/14 utilization review modified the request for referral to an orthopedic surgeon for evaluation and total right knee arthroplasty to an orthopedic consultation. An orthopedic consultation for the right knee is reasonable. There is no compelling reason to support authorization of a right total knee arthroplasty at this time. Therefore, this request is not medically necessary.