

Case Number:	CM14-0176339		
Date Assigned:	10/29/2014	Date of Injury:	06/23/2007
Decision Date:	12/05/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/24/2014

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 New York. 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 injured worker is a 69-year-old female with date of injury of June 23, 2007. The injured worker has chronic knee pain. On physical examination, there is tenderness to the medial and lateral joint lines of the knee. The injured worker feels her right knee pain is getting worse. Previous the intraoperative findings show grade 4 changes in the lateral compartment and grade 3 changes to the patellofemoral joint. These are degenerative changes. Previous treatments include Hyalgan injections, physical therapy, medications and a knee sleeve. At issue is whether the injured worker should be referred for consultation and treatment for knee replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████████: Consultation and Treatment for a 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): Knee and Leg (Acute and Chronic), 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 Pain Chapter.

Decision rationale: This injured worker does not meet criteria for referral for knee replacement at this time. ODG guidelines indicate that knee joint replacement may be considered if physical exam demonstrates less than 90 of motion, the injured worker has nighttime pain, and there is no relief with conservative care and there is documentation of significant functional limitations. The medical records do not document these indications at this time. Guidelines for knee replacement consultation not met at this time. The medical records only document that the injured worker has a functional limitation of walking tolerance of one block. It also does not appear that the injured worker had a recent trial and failure of physical therapy for knee pain. More conservative measures are needed. Therefore, the request is not medically necessary.