

Case Number:	CM14-0185256		
Date Assigned:	11/14/2014	Date of Injury:	04/13/2011
Decision Date:	12/22/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	11/06/2014

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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 74 year old male with a work injury of 4/13/2011. He has evidence of advanced osteoarthritis of both knees with varus deformities. He is unable to walk over block due to pain. Gait is antalgic on the right. There is a right knee effusion, crepitus with range of motion and joint line tenderness. MRI scans of both knees have revealed tricompartmental osteoarthritis with complex degenerative meniscal tears. There is also a history of low back pain and weakness of both lower extremities. The disputed issue pertains to a request for total knee arthroplasty. This was non-certified because of lack of documentation pertaining to conservative treatment with medications, corticosteroid injections, viscosupplementation or an active exercise program. Also the body mass index (BMI) was unknown.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right knee total replacement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Knee, Topic: Total Knee Arthroplasty

Decision rationale: California MTUS does not list the indications for a total knee arthroplasty. ODG indications include evidence of conservative care with exercise treatment, medications, or corticosteroid injections or viscosupplementation PLUS subjective clinical findings of Range of Motion (ROM) less than 90 degrees, night time joint pain and no relief from conservative care AND documentation of current functional limitations PLUS objective clinical findings of age over 50, body mass index (BMI) less than 40 PLUS imaging evidence of osteoarthritis in 2 or more compartments. BMI over 40 is associated with a higher incidence of complications. The last documented body weight was 252 lbs. on 8/15/2014. The height is 5 feet 2 inches. Thus the BMI is 46.1. This is above the acceptable limits for a total knee arthroplasty. It is unknown if the worker was treated with medications, corticosteroid injections or viscosupplementation but with weight reduction he should be a candidate for a total knee arthroplasty. Based upon the documentation submitted at this time particularly in light of the BMI, the medical necessity of a right total knee arthroplasty is not established.