

Case Number:	CM14-0020211		
Date Assigned:	04/25/2014	Date of Injury:	09/21/2010
Decision Date:	07/07/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/18/2014

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, has a subspecialty in Sports Medicine, and is licensed to practice in Pennsylvania. 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 patient is a 64-year-old gentleman injured in a work related accident on 09/21/10. He sustained an injury to his right knee. Recent clinical records include a 01/09/14 progress report indicating continued complaints of pain about the knee having failed conservative care including a prior surgical arthroscopy, postoperative use of medication management, and viscosupplementation. Formal physical examination findings were not noted. A 10/04/13 plain film radiograph including a weight bearing view reviewed moderate degenerative changes about the bilateral knees. Based on failed conservative care, surgical intervention was recommended in the form of total joint arthroplasty. The patient was noted to be with an examination finding of a 5 feet 5 inch in height and weight of 215 pounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT TOTAL KNEE ARTHROPLASTY: 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 Chapter.

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

Decision rationale: The California ACOEM and MTUS guidelines are silent on this issue. Thus based on the strength of evidence hierarchy, the Official Disability Guidelines (ODG) was used instead. The role of operative intervention in the form of total joint arthroplasty is not supported. At present, there is no indication of recent knee examination findings to support a body mass index of under 35. The claimant's prior height and weight did not support a body mass index (BMI) that would be acceptable for operative intervention. Lack of documentation of the above would fail to support the acute need of an arthroplasty in this individual. As such, the request is not certified.