

Case Number:	CM14-0024153		
Date Assigned:	06/11/2014	Date of Injury:	05/19/2010
Decision Date:	07/15/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/25/2014

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:

51 year old claimant with reported industrial injury 5/19/10. Exam note from 12/10/13 demonstrates claimant with complaint of right knee pain. Report of general knee swelling is noted. Objective findings include range of motion 0-110 degrees. Noted mild effusion on the right knee with mild patellofemoral crepitus. Diagnosis is made of right knee medial compartment osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOTAL RIGHT KNEE ARTHROPLASTY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, 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 if only 1 compartment is affected, a uni-compartmental or partial replacement may be considered. If 2 of the 3 compartments are affected, a total joint replacement is indicated.

Based upon the records reviewed there is insufficient evidence to support a knee arthroplasty in this patient. There is no documentation 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 exam note of 12/10/13 of limited range of motion less than 90 degrees. Therefore the guideline criteria have not been met and the determination is for not medically necessary.