MAXIMUS Federal Services

Case Number:	CM14-0026814		
Date Assigned:	03/05/2014	Date of Injury:	06/05/2001
Decision Date:	05/20/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/03/2014

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:

The claimant is a 66-year-old gentleman who was injured in a work related accident on June 5, 2001. Specific to the claimant's right knee, there is documentation of an August 26, 2013 followup with [redacted] indicating a chief complaint of pain in the right knee with physical examination showing tenderness of the medial joint line, positive patellofemoral crepitation and pain with terminal flexion. [redacted] documented that based on failed conservative measures, a total joint arthroplasty was recommended for further intervention. The progress report by [redacted] on November 25, 2013 noted that the claimant was status post right knee arthroscopy with some improvement and that the examination once again showed tenderness to the joint line with positive patellar compression. Diagnosis at that time was status post arthroscopy with advanced degenerative joint disease. An intraarticular corticosteroid injection was provided on that date. Additional documentation on January 29, 2014 notes the need for arthroplasty due to continued complaints of pain and failure to respond to injection therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOTAL KNEE ARTHROPLASTY FOR THE RIGHT KNEE: 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 (updated 1/20/14), Knee Joint Replacement

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Comp, 18th Edition, 2013,Updates: knee procedure - Knee joint replacement.

Decision rationale: The California MTUS and ACOEM Guidelines do not address knee arthroplasty. When looking at the Official Disability Guidelines, the request for total knee arthroplasty for this individual cannot be supported. The records provided for review do not identify any imaging reports indicative of advanced degenerative arthrosis to confirm or refute the current diagnosis of advanced degenerative arthrosis. There is also no documentation of the claimant's body mass index to meet the criteria for ODG requirements. The lack of clinical imaging coupled with lack of documentation of claimant's body mass index would fail to support Official Disability Guideline criteria for the acute need of an arthroplasty at this time. The request for Knee Arhtroplasty for the Right Knee is not medically necessary.