

Case Number:	CM14-0029117		
Date Assigned:	04/09/2014	Date of Injury:	10/22/2011
Decision Date:	05/08/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/22/2014

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 Texas. 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 59-year-old female who reported an injury on 10/22/2011. The mechanism of injury was not stated. The current diagnoses include right shoulder adhesive capsulitis and right knee osteoarthritis, status post 2 previous right knee arthroscopies. The injured worker was evaluated on 12/18/2013. The injured worker reported residual arthritic changes and severe pain in the right knee. The injured worker has been treated with physical therapy, anti-inflammatory medication, and injections. Physical examination revealed 0 to 90 degrees range of motion with crepitus. The treatment recommendations included a total knee replacement for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT 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 & Leg Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Knee Joint Replacement.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month and failure of exercise program to increase range of motion and strength. The Official Disability Guidelines state knee arthroplasty is indicated for patients with 2 of 3 compartments affected. Conservative care includes exercise therapy, medications, and viscosupplementation or steroid injections. There was no documentation of less than 90 degrees range of motion, nighttime joint pain, or a body mass index less than 35. There was also no documentation of osteoarthritis on standing x-rays. Based on the aforementioned points, the injured worker does not meet criteria for the requested procedure. As such, the request is non-certified.