

Case Number:	CM14-0030408		
Date Assigned:	06/25/2014	Date of Injury:	12/17/2011
Decision Date:	08/07/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/10/2014

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 patient is a 50 year old male claimant with an industrial injury dated 12/17/11. Patient was diagnosed with osteoarthritis of bilateral knees. MRI of 02/28/12 demonstrates grade V/IV chondromalacia of the patella, an anterior cruciate ligament rupture, posterior cruciate ligament tendinopathy, with macerated central attachment posterior horn of both the medial and lateral menisci. Exam note 05/01/13 states patient had left knee arthroscopy, extensive synovectomy, abrasion chondroplasty at the medial tibial condyle, partial medial meniscectomy abrasion chondroplasty of the lateral medial condyle and lateral release. Previous treatments have included physical therapy, patient has had bilateral unloading knee braces, hyaluronic acid injections, two steroid injections, and currently takes both celebrex and Norco daily. All conservative treatments have provided no pain relief and that patient must use a cane to walk. Exam note 01/28/14 mentions that the strength tests resulted in pain. Diagnosis of the patient leads to bilateral severe knee pain secondary to degenerative joint disease and status post bilateral knee arthroscopies.

IMR ISSUES, DECISIONS AND RATIONALES

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

PREOPERATIVE CLEARANCE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, the determination is for non-certification for preoperative clearance.

1 ASSISTANT SURGEON: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, the determination is for non-certification for assistant surgeon.

BILATERAL 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.

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 which includes conservative care with subjective findings including limited range of motion less than 90 degrees. In addition the patient should have a BMI of less than 35 and be older than 50 years of age. There must also be findings on standing radiographs of significant loss of chondral clear space. The clinical information from 05/01/13 and 1/28/14 demonstrates insufficient evidence to support bilateral knee arthroplasty in this patient. There is no documentation from the exam notes from 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 cited examination notes of limited range of motion less than 90 degrees. Therefore the guideline criteria have not been met and the request for bilateral total knee arthroplasty is not medically necessary and appropriate.

3 DAY OF INPATIENT STAY: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, the determination is for non-certification for 3 day inpatient stay.

