

Case Number:	CM14-0031455		
Date Assigned:	03/19/2014	Date of Injury:	08/25/2010
Decision Date:	05/20/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/04/2014

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 64-year-old male who reported an injury on 08/25/2010. The mechanism of injury was not provided for review. The injured worker's treatment history included a left total knee replacement and right shoulder reverse arthroplasty. The injured worker ultimately developed a right knee condition to compensation a left knee injury. The injured worker was evaluated on 01/09/2014. It was documented that there was diffused soft tissue swelling of the right knee with limited range of motion documented at 0 to 120 degrees with frequent crepitation with range of motion and a positive Lachman trace pivot shift. The clinical documentation indicated that there was an x-ray done at that appointment that demonstrated 3 ossific loose bodies and the notch and posterior aspect of the right knee with evidence of moderate patellofemoral osteoarthritis and moderate medial and lateral compartment osteoarthritis. The injured worker's diagnoses included status post right shoulder reverse arthroplasty, osteoarthritis of the right knee, and right knee pain. The injured worker's treatment plan included a total knee replacement of 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)

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 CHAPTER, KNEE JOINT REPLACEMENT

Decision rationale: The requested right total knee replacement is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this surgical intervention. Official Disability Guidelines recommend total knee replacements when there are clinical physical findings of severe osteoarthritis significantly limiting the injured worker's functional capabilities and supported by an imaging study documenting multicompartamental severe osteoarthritis. The clinical documentation submitted for review does not provide any significant subjective range of motion limitations with night time pain calcitrant to physical therapy and medications. Additionally, the x-ray submitted for review documented only moderate findings. There is no documentation that the patient has failed to respond to corticosteroid injections or viscosupplementation injections. Therefore, the need for a total knee replacement is not supported. As such, the requested right total knee replacement is not medically necessary or appropriate.

3 DAY STAY: 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)

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 Chapter, Knee Joint Replacement Section

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.