

Case Number:	CM14-0036990		
Date Assigned:	06/25/2014	Date of Injury:	06/21/2011
Decision Date:	08/13/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/27/2014

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 Pennsylvania. 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 44-year-old female who injured her right knee in a work related accident on 06/21/11. The records provided for review included the follow up report of 11/27/13 noting continued complaints of pain despite conservative care. The report documented that the claimant's imaging showed a medial femoral condyle defect of 4 centimeters that was previously treated by a 2013 knee arthroscopy, chondroplasty, meniscectomy and debridement. Examination was documented to show swelling, diffuse tenderness, and range of motion deficit. Conservative treatment has included corticosteroid injections, physical therapy, medications and activity restrictions without improvement in the claimant's symptoms. The recommendation was made for a knee replacement procedure.

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 and Leg Procedure Summary.

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: California MTUS and ACOEM Guidelines do not address total knee replacement. Based on the Official Disability Guidelines, the request for right total knee replacement would not be indicated. The Official Disability Guidelines recommend total knee replacement for those over 50 years of age and have a Body Mass Index of less than 35. This individual is 44 years old, and there is no documentation regarding her Body Mass Index. There is also no documentation to confirm that the claimant has exhausted all possible methods of conservative treatment including steroid injections and viscosupplementation. The medical records do not support that this 44-year-old with an unknown Body Mass Index who has not exhausted conservative care is a candidate for total knee replacement.