

Case Number:	CM14-0037933		
Date Assigned:	06/25/2014	Date of Injury:	10/19/2013
Decision Date:	09/16/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/28/2014

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 Surgeon, has a subspecialty in Pediatric Orthopedics and is licensed to practice in Texas & Colorado. 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 67-year-old male with a reported date of injury on 10/19/2013. The mechanism of injury was a twisting injury. Diagnoses included reactive depression and status post total knee arthroplasty left knee. Prior treatment included physical therapy, occupational therapy, home exercise program, and hyaluronic acid injections in 04/2014. Diagnostic studies included an MRI of the left knee which was performed on 11/22/2013 and revealed extensive tearing and maceration of the lateral meniscus, a small tear suggestive of the posterior horn of the medial meniscus, moderately severe osteoarthritis to the medial and lateral compartments with loss of articular cartilage and marginal osteophytosis, greater than expected for the injured worker's age, a small effusion, chondromalacia, and a chronically torn ACL. Surgical history included a left knee arthroscopic partial lateral meniscectomy, femoral chondroplasty, and resection of patellofemoral plica and a left total knee arthroplasty on 05/16/2014. The clinical note dated 04/18/2014 noted the injured worker reported increased left knee pain after a second Supartz injection, as well as increased crepitus. Range of motion to the left knee work status 0 to 115 degrees. The injured worker had a positive McMurray's and a positive reverse McMurray's with crepitus. The clinical note dated 07/10/2014 noted the injured worker reported his condition was slightly better and he had mildly to moderate pain. The pain was described as constant and the injured worker reported swelling. The injured worker indicated physical therapy was improving his symptoms. The injured worker had effusion to the left knee with mild swelling and tenderness. The injured worker's left knee range of motion was 0 to 105 degrees and there was no valgus or varus instability present. The injured worker's medication regimen included Ambien, Celebrex, and ibuprofen. The physician's treatment plan included recommendations for continuation of physical therapy as well as psychotherapy and continuation

of medications. The physician's rationale for the request was not indicated. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left 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 (ODG), Indications for Surgery, Knee Arthroplasty.

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, Knee joint replacement.

Decision rationale: The Official Disability Guidelines recommend patients complete conservative care including supervised physical therapy and/or home rehab exercises and medications (unless contraindicated: NSAIDs or Visco supplementation injections OR Steroid injection). The guidelines note patients should be over 50 years of age with a body mass index of less than 35, with limited range of motion (<90 for TKR), nighttime joint pain, no pain relief with conservative care, and documentation of current functional limitations demonstrating necessity of intervention. There should be evidence of osteoarthritis on standing x-ray (documenting significant loss of chondral clear space in at least one of the three compartments, with varus or valgus deformity an indication with additional strength) or previous arthroscopy (documenting advanced chondral erosion or exposed bone, especially if bipolar chondral defects are noted). Per the provided documentation, the injured worker currently does not have any significant limitation to the left knee or significant pain to the left knee. The injured worker underwent a left total knee arthroplasty on 05/16/2014. Repetition of this procedure is neither indicated nor medically necessary. The physician's rationale for the request is not indicated. As such, the request for left total knee arthroplasty is not medically necessary.