

Case Number:	CM14-0041306		
Date Assigned:	06/30/2014	Date of Injury:	07/09/2011
Decision Date:	07/30/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/08/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 53-year-old male who reported an injury on 07/09/2011. The mechanism of injury was not stated. Current diagnoses include a history of lumbar fusion, chronic lumbar pain with radiculopathy, history of bilateral knee surgeries, hypertension, depression, and anxiety. The injured worker was evaluated on 03/04/2014 with complaints of severe pain in the left knee. The injured worker has been previously treated with anti-inflammatory medication. Physical examination revealed an antalgic gait, tenderness and spasm over the lower lumbar spine, decreased sensation in the L5 and S1 distribution, weakness of hip flexion, and normal deep tendon reflexes. It was then noted that the injured worker was pending authorization for a total knee replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

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, Indications for Surgery- Knee arthroplasty.

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 a referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month and a failure of exercise programs to increase range of motion and strength of the musculature around the knee. Official Disability Guidelines state a knee arthroplasty is indicated for patients with 2 out of 3 compartments affected. Conservative treatment should include exercise therapy and medications, as well as viscosupplementation or steroid injections. It was noted that the injured worker was pending authorization for a surgical procedure recommended by a different treating physician. There was no physical examination of the bilateral knees provided for this review. There were no imaging studies provided. There is also no mention of an exhaustion of conservative treatment for the bilateral knees. Based on the clinical information received and the above mentioned guidelines, the request is not medically necessary.