

Case Number:	CM14-0041856		
Date Assigned:	06/30/2014	Date of Injury:	07/16/2010
Decision Date:	11/26/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/07/2014

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, has a subspecialty in Pediatric Orthopedics 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:

This is a male injured worker who reported an injury on 07/16/2010, secondary to repetitive activity. The current diagnosis is left knee osteoarthritis. The latest physician progress report submitted for this review is documented on 09/13/2013. The injured worker presented with complaints of persistent left knee pain. Previous conservative treatment is noted to include anti-inflammatory medication and Supartz injections. The physical examination revealed full extension, 120 degree flexion, and medial joint line tenderness with a positive medial McMurray's test. The injured worker was placed at permanent and stationary status and advised to return on an as needed basis. There was no Request for Authorization Form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Unicompartmental Arthroplasty with 23 Hour Admission: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Section Knee & Leg; Indications for Surgery

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 that "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." As per the documentation submitted, there was no evidence of an attempt at conservative treatment in the form of exercise or physical therapy. The Official Disability Guidelines state that "prior to a knee joint replacement, conservative treatment should include exercise therapy and medications or Visco supplementation injections." There should be evidence of limited range of motion and nighttime joint pain, with a failure of conservative treatment. Current functional limitation demonstrating necessity of intervention should be documented. Patients should be over 50 years of age with a body mass index of less than 40. As per the documentation submitted, the injured worker does not currently meet the criteria for the requested procedure. The injured worker's physical examination only revealed medial joint line tenderness with a positive McMurray's sign. There is no documentation of a significant functional limitation. There was no evidence of limited range of motion or nighttime joint pain. There were no x-rays or imaging studies provided for review documenting evidence of osteoarthritis. As the medical necessity has not been established, the request is not medically necessary.