

Case Number:	CM14-0041880		
Date Assigned:	06/30/2014	Date of Injury:	05/06/2010
Decision Date:	11/10/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/09/2014

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 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 61-year old female who was injured on 06/06/10 as a result of cumulative trauma. The medical records provided for review document that the injured worker has current complaints of left knee pain and has been treated conservatively with medication management, viscosupplementation injections, a prior knee arthroscopy, physical therapy and work restrictions. The report of an MRI of the left knee dated 11/15/12 identified degenerative changes in the medial compartment with tearing of the posterior horn of the medial meniscus. The progress report dated 03/13/14, a handwritten report describing continued complaints of knee pain, documented that the injured worker was awaiting total joint arthroplasty and that knee pain was managed by a brace. Physical examination showed tenderness to palpation above the medial and lateral joints, positive crepitus, and range of motion from zero (0) to 100 degrees. A previous peer review did not recommend the injured worker's surgery due to lack of supporting imaging other than the above-mentioned MRI report that showed mild degenerative changes in the medial compartment. The peer review reported documented that the injured worker was five feet, five inches tall and weighed 171 pounds with a body mass index of 28. No other medical records were made available for review. This request is for total knee joint arthroplasty.

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: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Knee Joint Replacement

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on the Official Disability Guidelines (ODG), the request for left total knee arthroplasty is not recommended as medically necessary. The medical records document that the injured worker has complaints of left knee pain. The medical records do not contain any documentation of imaging revealing advanced degenerative arthrosis to support the need for knee arthroplasty. Without recent imaging or documentation of imaging demonstrating advanced degenerative change in the left knee, the request for left knee arthroplasty cannot be supported. Therefore, this request is not medically necessary.