

Case Number:	CM14-0045685		
Date Assigned:	06/27/2014	Date of Injury:	03/16/1999
Decision Date:	07/23/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/03/2014

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 Orthopaedic 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:

This 50-year-old female sustained an industrial injury on 3/16/99. The mechanism of injury is not documented. The patient underwent right knee arthroscopy and joint debridement over four years ago with improvement. The records documented that the patient was noted to have significant degenerative arthritis at the time of surgery. The 12/5/11 right knee x-rays documented 50% lateral joint space collapse with mild peri-articular osteophytes. The 3/11/13 right knee x-rays showed progression of medial joint space narrowing to about 70%. The 3/7/14 treating physician report cited increasing discomfort with activities of daily living and any prolonged standing or walking. Partial benefit was noted with prior viscosupplementation. Right knee exam findings documented no effusion, mild medial and lateral joint line tenderness, range of motion 0-120 degrees, no instability to valgus/varus testing, negative drawer signs, negative Lachman's test, negative pivot and reverse pivot shift test, and mildly positive McMurray's test. There was good surrounding muscle strength. The patient had not had any lasting improvement from conservative management. The treatment plan recommended right total knee arthroplasty and an intra-articular steroid injection was provided. The 3/26/14 utilization review denied the request for right total knee arthroplasty based on an absence of imaging documentation of end-stage degenerative joint disease and failure of comprehensive conservative treatment, including non-steroidal anti-inflammatory drugs, home exercise program, activity modification, and physical therapy. The 5/6/14 treating physician note documented an extensive history of conservative treatment, including activity limitation, use of anti-inflammatory medications, physical therapy, steroid injection, and viscosupplementation. There was a significant valgus deformity of the knee in the standing position. Weight bearing x-rays showed nearly complete lateral joint space collapse with 13-degree tibiofemoral angle. The patient was having significant functional difficulty walking even short distances without pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

INPATIENT RIGHT TOTAL KNEE ARTHROPLASTY: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, Knee joint replacement.

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, Hospital length of stay (LOS).

Decision rationale: The California MTUS guidelines are silent with regard to the requested procedure. The Official Disability Guidelines (ODG) provides specific criteria for knee joint replacement that include provision of comprehensive conservative care, failure of comprehensive conservative care, age greater than 50 years, and imaging findings of significant end-stage osteoarthritis of the knee. The ODG supports an inpatient length of stay of 3 days for knee replacement. The ODG criteria have been met. This patient presents with a long history of right knee pain that has failed recent and comprehensive conservative treatment. Right knee weight bearing x-rays document near complete collapse of the lateral joint space with 13-degree tibiofemoral angle. Significant functional difficulty is reported with walking short distances. Therefore, the request for inpatient right total knee arthroplasty is medically necessary.