MAXIMUS Federal Services

Case Number:	CM14-0048349		
Date Assigned:	07/09/2014	Date of Injury:	06/03/2000
Decision Date:	08/07/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/16/2014

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:

This 49-year-old male sustained an industrial injury on 6/3/00. The mechanism of injury was not documented. The 3/17/14 treating physician note stated the patient was last seen 10 years ago after a right knee arthroscopy for debridement of a meniscal tear. The patient reported progressive loss of ability to perform activities of daily living and fully straighten his knee. He was unable to tolerate plant and twist. He reported increased crepitus, feelings of instability and giving way, and had become disabled. Physical exam findings documented a genu varum, flexion, short stride gait with a lateral thrust in the mid-stance phase. There was pseudolaxity, and palpable crepitus in the patellofemoral and medial compartments. X-rays were reviewed and showed severe, bone-on-bone osteoarthritis. The patient reported that he had failed long-term conservative treatment. A right total knee arthroplasty was recommended. The 4/3/14 utilization review denied the request for right total knee arthroplasty noting the patient's age and no evidence that conservative treatment had been exhausted. The 4/17/14 treating physician progress report cited continued severe pain with crepitus, loss of motion, recurrent effusions, buckling and giving way. Conservative treatment had included activity modification, topical medications, anti-inflammatory medications, physical therapy, ice, heat, and a knee brace. The patient had not been able to return to normal activities. Exam documented gait alteration, grade II effusion, medial and patellofemoral crepitus and tenderness, and flexion to 105 degrees. The 6/5/14 QME cited on-going right knee pain with twisting, jumping, prolonged weight bearing, squatting, kneeling, or repetitive climbing. The right knee exam documented slight varus deformity, minimal crepitus throughout range of motion, full range of motion, no effusion, negative varus/valgus laxity, and negative Lachman and pivot shift tests. The diagnosis was status post arthroscopic medial meniscectomy with possible anterior cruciate ligament deficient right knee and evidence for medial compartment arthritis. The recommendations included

additional diagnostic studies and a trial of viscosupplementation prior to consideration of a total knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right 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-Treatment for Workers Compensation Online Edition; Chapter Knee and Leg. Official Disability Guidelines-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 California MTUS does not provide specific recommendations for total knee arthroplasty. The Official Disability Guidelines recommend total knee replacement when surgical indications are met. Specific criteria for knee joint replacement include exercise and medications or injections, limited range of motion (< 90 degrees), night-time joint pain, no pain relief with conservative care, documentation of functional limitations, age greater than 50 years, a body mass index (BMI) less than 35, and imaging findings of osteoarthritis. Guidelines criteria have not been met. The current documentation does not meet guideline criteria relative to limited range of motion, which has been reported as 105 degrees. There is no evidence of the patient's body mass index. The patient is less than 50 years old. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. There is no evidence of recent physical therapy or exercise, and no indication of any injection therapy. Therefore, this request for right total knee arthroplasty is not medically necessary.