

Case Number:	CM14-0049396		
Date Assigned:	09/10/2014	Date of Injury:	04/23/2013
Decision Date:	11/05/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/24/2014

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 and is licensed to practice in New York. 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 patient has a date of injury of April 23, 2013. The patient has chronic knee pain. The patient underwent arthroscopy and partial meniscectomy the right knee. MRI from February 2013 shows partial meniscectomy changes of the medial meniscus with recurrent tear. There is mild medial compartment arthritis. The patient continues to have chronic knee pain. At issue is whether the patient requires total knee arthroplasty at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total right knee arthroplasty: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Knee joint replacement ODG Indications for Surgery-Knee Arthroplasty

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS knee pain chapter

Decision rationale: This patient does not meet MTUS established criteria for total knee replacement. Specifically the medical records do not document an adequate trial and failure of conservative measures for treatment of degenerative knee pain. There is no documentation of

recent physical therapy, there is no documentation of NSAID use, and there is no documentation of intra-articular injections. In addition MRI only reports mild arthrosis. There is no documentation of severe arthritis on x-rays. Therefore, the Total right knee arthroplasty is not medically necessary.