

Case Number:	CM14-0052029		
Date Assigned:	07/07/2014	Date of Injury:	09/22/2011
Decision Date:	08/06/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/21/2014

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 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:

The injured worker is a 63-year-old male who reported an injury on 09/22/2011 due to an unknown mechanism of injury. The injured worker's treatment history included left knee reconstruction of the ACL (Anterior Cruciate Ligaments), PCL (Posterior Cruciate Ligaments), and MCL (Medial Collateral Ligaments) on 06/07/2012 followed by postoperative physical therapy and rehabilitation and a knee brace. The most recent clinical examination submitted for review was dated 04/18/2014. It was documented that the injured worker had limited left hip range of motion with tenderness to palpation of the medial and lateral joint lines of the left knee significant restricted range of motion described as 119 degrees in flexion. It was noted that the injured worker was unable to full extend the knees bilaterally and that there was significant effusion of the left knee. The injured worker's diagnoses included left greater than right hip arthritis, left knee pain, left knee dislocation, left knee medial collateral ligament rupture, left knee anterior and posterior cruciate ligament rupture, left knee arthritis, status post left knee surgical reconstruction, unstable left knee, and disuse atrophy of the left thigh. At that appointment, a request was made for standing x-rays to support the need for a total knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total Knee Arthroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indications for Surgery --Knee Arthroplasty and Knee and Leg Chapter (Acute and Chronic).

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 Chapter, Total Knee Replacement.

Decision rationale: The requested total knee arthroplasty is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this surgical intervention. Official Disability Guidelines recommend total knee arthroplasty for injured workers who have significantly limited range of motion and evidence of tricompartmental osteoarthritis on an imaging study that has failed to respond to conservative treatment. The clinical documentation does indicate that the injured worker has had extensive conservative treatment and has continued pain complaints postsurgical. However, there is no imaging study to support this request. Additionally, the injured worker's physical findings do not support that the injured worker's knee impairment meets Official Disability Guidelines recommendations for severe osteoarthritis, as the injured worker is able to flex his knee beyond 90 degrees. Furthermore, the clinical documentation submitted for review does not provided any evidence of recent evaluation. The most recent clinical chart note is over a year old and would not assist in determining the need for surgical intervention at this time. As such, the requested total knee arthroplasty is not medically necessary or appropriate.