

Case Number:	CM14-0052058		
Date Assigned:	07/07/2014	Date of Injury:	12/06/2012
Decision Date:	08/06/2014	UR Denial Date:	04/14/2014
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 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 60-year-old male who reported injury on 12/06/2012. Prior treatments included injections, anti-inflammatories, activity modification, physical therapy, topical ointments, and bracing the knee. The mechanism of injury was not provided. The documentation indicated the injured worker had a fall from a ladder and injured his left knee. The injured worker underwent a partial lateral meniscectomy, removal of plica, and debridement of patellofemoral joint on 04/06/2005. The documentation of 01/20/2014 revealed the injured worker continued to have a significant amount of pain in the left knee. The injured worker had a limited ability to perform his activities of daily living (ADLs). The injured worker had a complaint of crepitus, swelling, stiffness, and pain involving his left knee. Additionally, the injured worker indicated he had severe paresthesias involving his hands. The examination of the left lower extremity revealed the injured worker had grade II left knee effusion. The injured worker had palpable crepitus and palpable and visible osteophytic formation. The injured worker was injected with epinephrine and lidocaine, as well as Depo-Medrol. The treatment plan included a left total knee 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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter.

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

Decision rationale: The Official Disability Guidelines indicate a knee joint replacement is appropriate if two of the three compartments are affected. There should be documentation of exercise therapy and medications, including NSAIDs or viscosupplementation or steroid injections, plus limited range of motion of less than 90 degrees, and nighttime joint pain and no pain relief with conservative care. There should be documentation of current functional limitations, plus over 50 years of age, and a body mass index of less than 35, as well as osteoarthritis on standing x-rays of previous arthroscopy. The clinical documentation submitted for review indicated the injured worker had objective findings upon previous arthroscopy. There was documentation indicating the injured worker underwent a steroid injection. There was a lack of documentation of exercise therapy and medications, limited range of motion of less than 90 degrees, and nighttime joint pain and no relief with conservative care. The injured worker's body mass index was not provided. Given the above, the request for left total knee arthroplasty is not medically necessary.