

Case Number:	CM14-0052689		
Date Assigned:	07/07/2014	Date of Injury:	11/01/1999
Decision Date:	08/06/2014	UR Denial Date:	04/01/2014
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 50-year-old male who reported an injury on 11/01/1999. The mechanism of injury was not stated. The injured worker is currently status post right knee partial lateral meniscectomy on an unknown date. Previous conservative treatment also includes physical therapy, injections, and medications. The injured worker was evaluated on 05/01/2014 with complaints of 8/10 right knee pain. Physical examination on that date revealed 5-110 degrees range of motion, positive effusion, positive tenderness at the medial and lateral joint line, and positive peripatellar tenderness. X-rays obtained in the office on that date indicated tricompartmental spurring with narrowing of the medial compartment to 2 mm. Treatment recommendations at that time included authorization for a right total knee replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Total Knee Replacement: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): pp. 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Knee Joint Replacement.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month and a failure of exercise programs to increase range of motion and strength. The Official Disability Guidelines state a knee arthroplasty is indicated for patients with 2 out of 3 compartments affected. Conservative treatment should include exercise therapy and medications as well as viscosupplementation or steroid injections. As per the documentation submitted, the injured worker has exhausted conservative treatment with exercise therapy, medications, and injections. The injured worker continues to present with high levels of pain and activity limitation. However, the Official Disability Guidelines recommend a knee arthroplasty for patients who are over 50 years of age with a body mass index of less than 35. An increased body mass index poses elevated risks for postoperative complications. It is noted in the documentation provided for this review that the injured worker is currently 6 feet tall and weighs 288 pounds. The injured worker's current body mass index is 39.1, which exceeds Guideline recommendations. Therefore, the injured worker does not meet criteria as outlined by the Official Disability Guidelines. As such, the request is non-certified.