

Case Number:	CM14-0053556		
Date Assigned:	07/07/2014	Date of Injury:	09/12/2009
Decision Date:	08/12/2014	UR Denial Date:	03/27/2014
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 and Ohio. 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 47-year-old who reported an injury on September 12, 2009. The mechanism of injury was not stated. The injured worker's treatment history included surgical intervention, multiple injections, medications and physical therapy. It is noted that the injured worker underwent an MRI of the left knee on June 23, 2010, which indicated a small tear in the medial meniscus, mild progression of chondral loss of the medial femoral condyle, a Baker's cyst, and mild scarring at the cruciate and collateral ligaments. The injured worker was evaluated on March 7, 2014. Current medications include Norco and Percocet. Physical examination revealed -1 to 110 degree range of motion, negative effusion, a well healed incision of the right knee, and mild tenderness at the medial patellar facet. The injured worker's diagnosis included left knee osteoarthritis. Treatment recommendations 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:

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.

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

Decision rationale: The Knee Complaints Chapter of the American College of Occupational and Environmental Medicine (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. The clinical documentation submitted for review does indicate that the patient has significant activity limitation recalcitrant to conservative measures consistent with pathology identified on an imaging study. The Official Disability Guidelines state a knee arthroplasty is indicated for patients with two out of three 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's range of motion is greater than 90 degrees. Additionally, there were no other clinical findings of night time pain, or a BMI (body mass index) of less than 35 to support surgical intervention. As the patient is less than 50 years of age, total knee arthroplasty would not be supported by guidelines recommendations. Additionally, there was no evidence of osteoarthritis upon standing x-ray. Furthermore, the request as it is submitted does not specify what knee is being surgically repaired. In the absence of this information, the appropriateness of the request cannot be determined. As such, the request for a total knee arthroplasty is not medically necessary or appropriate.