

Case Number:	CM14-0055573		
Date Assigned:	07/09/2014	Date of Injury:	05/28/2006
Decision Date:	08/07/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/24/2014

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 Orthopaedic 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:

This 53-year-old female sustained an industrial injury on 5/28/06, relative to a fall. Past surgical history was positive for left knee arthroscopic debridement and chondroplasty on 11/5/01 and arthroscopic lateral meniscectomy and patellofemoral joint chondroplasty on 8/9/06. The 4/19/12 left knee x-rays demonstrated medial joint space measuring 5.8 mm with irregularity of the medial femoral condyle, lateral joint space 6.7 mm, and mild degenerative changes with superior spurring of the patella. Records indicated a body mass index of 31/6 on 7/22/13. The 1/31/14 treating physician report cited left knee range of motion 0-120 degrees with mild valgus standing alignment. The 3/7/14 treating physician letter cited persistent anterolateral pain with radiographic evidence of arthritic changes in the lateral and patellofemoral compartments. She was no longer responding as well to viscosupplementation. An unloader brace was recommended but had not been authorized. The patient did not want to proceed with a total knee replacement at this time. An arthroscopic debridement with chondroplasty and meniscal debridement and abrasion as needed was recommended. An unloader brace was again requested. The 3/24/14 utilization review denied the request for left knee arthroplasty as the request was poorly defined relative to the involved compartments and current degree of osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroplasty with chondroplasty, debridement, abrasion where indicated:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee Chapter Total Knee Replacement.

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, Knee joint replacement.

Decision rationale: The California MTUS does not provide recommendations for knee arthroplasty. The Official Disability Guidelines recommend arthroplasty when surgical indications are met. Specific criteria for knee joint replacement include exercise and medications or injections, limited range of motion (< 90 degrees), night-time joint pain, no pain relief with conservative care, documentation of functional limitations, age greater than 50 years, a body mass index (BMI) less than 35, and imaging findings of osteoarthritis. Guidelines criteria have not been met. The patient does not currently meet the guidelines for arthroplasty as conservative non-operative and operative treatment has not been exhausted. There is no current documentation of the patient's body mass index or attempted weight loss. Range of motion findings currently exceed guideline criteria. It appears that the request under review for "arthroplasty" was not the intended procedure. Current records indicate that an arthroscopy with chondroplasty, debridement, and abrasion was being requested. While these procedures are likely to be beneficial and consistent with guidelines, the arthroplasty is not medically necessary. Therefore, this request for left knee arthroplasty with chondroplasty, debridement, abrasion where indicated is not medically necessary.