

Case Number:	CM14-0068392		
Date Assigned:	07/14/2014	Date of Injury:	02/25/2008
Decision Date:	09/11/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/13/2014

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 Pennsylvania. 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 claimant is a 52 year old gentleman who was injured 02/28/08. Clinical records available for review include a recent 07/01/14 progress report indicating continuous complaints of pains about the right knee for which he carries a diagnosis of right knee osteoarthritis. Objectively there was flexion to 90 degrees, tenderness to the medial and lateral joint line with restricted range of motion and crepitation at end points. Subjectively there were complaints of pain about the knee with activity. The claimant's left knee was also with diagnosis of end state degenerative joint disease. Formal physical examination findings to the left knee also showed restricted range of motion and crepitation. There is no documentation of recent conservative findings or indication of a body mass index in this individual from clinical records available for review. Given diagnosis of end stage degenerative joint disease recommendations were for surgery to include a total joint arthroplasty with a two day inpatient length of stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left total knee arthroplasty with two day inpatient stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, knee and leg (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, Treatment in Worker's Comp 18th edition, 2013 Updates, chapter kneeKnee Joint ReplacementODG Indications for Surgery -- Knee arthroplasty:Criteria for knee joint replacement (If only 1 compartment is affected, a unicompartmental or partial replacement may be considered. If 2 of the 3 compartments are affected, a total joint replacement is indicated.):1. Conservative Care: Exercise therapy (supervised PT and/or home rehab exercises). AND Medications. (unless contraindicated: NSAIDs OR Visco supplementation injections OR Steroid injection). PLUS2. Subjective Clinical Findings: Limited range of motion ($<90^{\circ}$ for TKR). AND Nighttime joint pain. AND No pain relief with conservative care (as above) AND Documentation of current functional limitations demonstrating necessity of intervention. PLUS3. Objective Clinical Findings: Over 50 years of age AND Body Mass Index of less than 35, where increased BMI poses elevated risks for post-op complications. PLUS4. Imaging Clinical Findings: Osteoarthritis on: Standing x-ray (documenting significant loss of chondral clear space in at least one of the three compartments, with varus or valgus deformity an indication with additional strength). OR Previous arthroscopy (documenting advanced chondral erosion or exposed bone, especially if bipolar chondral defects are noted). Knee Replacement (81.54 - Total knee replacement)Actual data -- median 3 days; mean 3.4 days ($\hat{A} \pm 0.0$); discharges 615,716; charges (mean) \$44,621Best practice target (no complications) -- 3 days.

Decision rationale: Based on Official Disability Guideline, surgery for this individual's left knee would not be indicated. While records indicate diagnosis of end stage degenerative joint disease, there is failure to document a body mass index or indication of prior conservative management that has been utilized in this individual's course of care. Official Disability Guidelines would recommend maximization of conservative measures before arthroplasty and would not recommend arthroplasty in individuals whose body mass index exceeds 35. The requested surgical process is considered not medically necessary.