

Case Number:	CM14-0085565		
Date Assigned:	07/23/2014	Date of Injury:	05/08/2011
Decision Date:	10/01/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/09/2014

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 65-year-old male who reported an injury on 05/09/2011; the mechanism of injury was not provided. On 03/20/2014, the injured worker presented with low back pain that radiated down the left lower extremity. There are also reports left knee pain. On examination of the left knee there was swelling and effusion with tenderness to palpation over the medial and lateral joint line. There was crepitus with range of motion, and the injured worker displayed -5 degrees of extension to 120 degrees of flexion. There was no instability with the Lachman test or varus/valgus stress tests. The diagnoses were internal derangement of the left knee status post arthroscopic examination and arthroscopic surgery. Arthroscopy of the left knee dated 02/25/2014 revealed no evidence of any fractures or dislocations. There was subchondral sclerosis and articular joint space was 2 mm. Prior therapy included surgery and medications, the provider recommended a left total knee replacement. The provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee 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 (ODG) Knee and Leg (updated 03/31/14) Knee Joint Replacement

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, Knee Joint Replacement.

Decision rationale: The California MTUS/ACOEM Guidelines state the surgical considerations related to the knee would be recommended after activity limitation for 1 month with a failure of exercise programs to increase range of motion and strength of the musculature around the knee. The Official Disability Guidelines further state that indications for surgery for knee arthroplasties include failure to respond to exercise therapy to include medications, injections, and limited range of motion with nighttime joint pain and current functional limitations demonstrating necessity intervention. The injured worker must be over 50 years old and have a body mass index of less than 35. Imaging studies must reveal documentation of significant loss of chondral clear space in at least 2 of the 3 compartments, with varus and valgus deformity an indication with additional strength, or previous arthroscopy documenting advanced chondral erosion or exposed bone, especially if bipolar chondral defects were noted. The included medical documentation noted a clinical impression and diagnosis of internal derangement of the left knee and status post arthroscopic examination and surgery with residuals. There was lack of documentation of the injured worker's failure to respond to conservative measures including physical therapy and medications. Additionally, more information is needed to address the injured worker's BMI and positive provocative testing per the guideline recommendations. Arthroscopy of the left knee dated 02/25/2014 revealed no evidence of any fractures or dislocations. The request for a left total knee replacement is not medically necessary.