

Case Number:	CM14-0087275		
Date Assigned:	07/23/2014	Date of Injury:	04/28/2013
Decision Date:	08/29/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/10/2014

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 injured worker is 60 years-old and an electric crew foreman that sustained an industrial injury on 04/28/2013. Injury occurred when he twisted his knee while lying down fixing a transformer. He had a right lower extremity MRI on 07/16/2013. The impression documented medial meniscus tear and osteoarthritis of the medial and patellofemoral joint compartment. The 04/29/2014 treating physician report cited painful right knee locking and giving way during activities, and constant dull aching pain. Symptoms were aggravated by kneeling, squatting, standing, and walking. Nothing relieved his symptoms and was worse at night. He walked with a limp. The patient has tried physical therapy and injection with no improvement. He had weakness and numbness in the knee. Right knee findings documented mild effusion, medial joint line tenderness, and positive bounce home test. Range of motion was 5-125 degrees, restricted by pain. Quadriceps strength was normal. McMurray's test was positive medially. The treatment plan recommended unicompartmental knee replacement for the medial joint. The treating physician opined that simply resecting the meniscus tear would not alleviate the patient's symptoms adequately. The 05/12/2014 utilization review denied the request for unicompartmental knee replacement as there was MRI evidence of osteoarthritis in two compartments and no plain films noted. The 06/03/2014 treating physician report cited right knee pain and disability. He reported pain after about three steps and pain woke him from sleep. There was frequent painful popping coming from the medial compartment. Right knee exam documented marked tenderness to palpation on medial side with 2+ medial compartment crepitation, mild patellofemoral joint tenderness, 1+ effusion, and no flexion contracture. The diagnosis was end-stage arthrosis, and right knee medial compartment. A medial compartment partial joint replacement was requested and pending. Renal function evaluation was

recommended as the patient was using so much non-steroidal anti-inflammatory drug to manage his pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee medial compartment partial joint 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), Indications for Surgery, Knee Arthroplasty.

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 ODG recommends knee joint replacement when surgical indications are met. If only one compartment is affected, a unicompartmental or partial replacement may be considered. If two of the three compartments are affected, a total joint replacement is indicated. Specific criteria for knee joint replacement include exercise and medications or injections, limited range of motion (less than 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. Guideline criteria have not been met. There is no documentation of weight bearing x-rays in the records reviewed. MRI findings documented osteoarthritis of the medial and patellofemoral joint compartments. A partial knee joint replacement is not established as medically necessary in the absence of weight bearing films showing osteoarthritis limited to one compartment. Therefore, this request for right knee medial compartment partial joint replacement is not medically necessary.