

Case Number:	CM14-0089584		
Date Assigned:	07/23/2014	Date of Injury:	03/20/2013
Decision Date:	08/27/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/13/2014

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 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 57-year-old male typist clerk sustained an industrial injury on 3/20/13. Injury occurred when he was bending to lift a computer box and experienced knee pain as he placed the box into a car. The 4/22/14 orthopedic consult report indicated the patient had constant right knee pain that increased with walking, standing, knee flexion or extension, and climbing or descending stairs. He reported popping, clicking, and giving way. He used a cane for balancing. The patient continued to work his regular duties with increasing symptoms. Medications included Tramadol and Naproxen. Physical exam documented height 5'7, weight 256 pounds, and ambulation with a limp. He had crepitus on motion of both knees and joint line tenderness. X-Rays reportedly demonstrated destruction of both knees. The diagnosis was degenerative arthritis both knees. The patient wished to proceed with right total knee replacement. The 6/5/14 utilization review denied the request for right total knee arthroplasty as there was no documentation of nighttime pain or imaging reports noting osteoarthritis. The patient's body mass index exceeded guideline recommendations of 35.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right total knee replacement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Knee and Leg Chapter, Knee joint 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 total knee arthroplasty. The Official Disability Guidelines recommend total knee replacement 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. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. Treatment to date appeared limited to imaging and medications. There is no documentation of limited range of motion, night-time joint pain, or functional limitations. The patient remains at full duty work. The calculated body mass index for this patient is 39.5 with no evidence of attempted weight loss. There is no specific documentation of right knee osteoarthritis available in the records. Therefore, this request for right total knee replacement is not medically necessary.