

Case Number:	CM14-0119797		
Date Assigned:	09/16/2014	Date of Injury:	05/15/1998
Decision Date:	02/06/2015	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/28/2014

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, has a subspecialty in Spine Surgery and is licensed to practice in New York. 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 patient has chronic left knee pain. X-rays of the left knee reveal minimal degenerative change. MRI of the left knee from January 2014 shows fissuring of the articular cartilage in the medial compartment with medial femoral condyle edema. The patient had left knee arthroscopic partial meniscectomy if there were 2014. On physical examination the patient has 5 220 of knee range of motion. The patient has medial joint line tenderness. There is quadriceps weakness. The patient is 4 months status post knee arthroscopy. The patient continues to have knee pain. At issue is whether total knee surgery is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left total knee arthroplasty: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, knee arthroplasty

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS knee pain chapter.

Decision rationale: The patient does not meet criteria for total knee surgery. Specifically the medical records do not document extensive osteoarthritis in all 3 compartments of the knee. In

addition the x-rays do not show evidence of severe osteoarthritis. Also the medical records do not document an adequate trial of failure conservative measures for osteoarthritis to include the use of a cane, any injections, and extensive physical therapy for the treatment of osteoarthritis. More conservative measures are medically necessary and the radiographs do not show significant degenerative changes. Criteria for total knee replacement not met at this time.

3 day inpatient hospital stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, knee arthroplasty

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.