

Case Number:	CM14-0185504		
Date Assigned:	11/13/2014	Date of Injury:	02/06/2008
Decision Date:	03/06/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/07/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 46-year-old female who reported an injury on 02/06/2008. The mechanism of injury was not submitted for review. The injured worker has diagnoses of internal derangement of the right knee; status post 2 previous meniscectomies with grade 2 and grade 3 chondromalacia along with medial femoral condyle patellar joint; as well as moderate tricompartmental arthritis; and chronic pain syndrome. Past medical treatment consists of surgery, therapy, the use of a cane, Hyalgan injections, and medication therapy. Medications include MS Contin 20 mg, Percocet, Flexeril 7.5 mg, Nalfon 400 mg, Protonix, Remeron 15 mg, trazodone 15 mg, and LidoPro cream 1 bottle. No diagnostics were submitted for review. On 10/21/2014, the injured worker complained of right knee pain. Physical examination revealed an extension of 180 degrees, flexion of 110 degrees with no instability or weakness. Effusion was not noted. McMurray test was equivocal. The injured worker had gained a significant amount of weight. The medical treatment plan was for the injured worker to continue with medication therapy. No rationale or Request for Authorization form were submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unicondylar Arthroplasty of the right knee: 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 & Leg, Knee joint replacement; 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.

Decision rationale: The request for unicondylar arthroplasty of the right knee is not medically necessary. The Official Disability Guidelines state that for a knee arthroplasty, there should be failed conservative treatment to include exercise therapy and medications. Additionally, there should be subjective clinical findings to include limited range of motion less than 90 degrees for TKR; nighttime joint pain; no pain relief with conservative care; and documentation of current functional limitations demonstrating necessity of intervention. There should also be objective clinical findings of the injured worker being 50 years of age and older, body mass index of less than 40. Additionally, there should be imaging findings indicating significant loss of chondral clear space in at least 1 of the 3 compartments, with varus or valgus deformity; and indication with additional strength, or previous arthroscopy with chondral defects noted. The submitted documentation indicated that the injured worker had undergone physical therapy; however, efficacy was not submitted for review. Additionally, there was no subjective or objective physical findings in the submitted documentation indicating limited range of motion, nighttime joint pain, or lack of pain relief with conservative treatment. Furthermore, it was noted that the injured worker had gained 42 pounds. The BMI of the injured worker was not submitted for review. Furthermore, there were no imaging studies submitted for review indicating significant loss of chondral clear space in at least 1 of 3 compartments, with varus or valgus deformity. Given the above, the requested surgical unicondylar arthroplasty of the right knee would not be indicated. As such, the request is non-certified.