

Case Number:	CM14-0188895		
Date Assigned:	11/20/2014	Date of Injury:	09/02/2014
Decision Date:	01/15/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/12/2014

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 Minnesota. 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 is a 60 year old male with a history of right knee pain related to prolonged standing at work. The date of injury is reported as 8/25/2014. He complained of pain and stiffness, worse at night, with associated sleep difficulty, and no relief with over the counter analgesics. No mechanical symptoms such as popping, locking, giving way, or joint effusion were documented. Physical examination on 10/01/2014 revealed tenderness to palpation and limited range of motion of the right knee. The exact range of motion was not documented. Lachman was negative. McMurray was also negative. The BMI was not reported. Weight bearing AP x-rays of both knees dated 9/17/2014 revealed moderate/severe medial compartment osteoarthritis of the right knee which was bone on bone. Lateral view and Merchant's views were not obtained and the patellofemoral joint was not evaluated. On 10/17/2014, Utilization Review non-certified a request for "Orthopedic Surgery Knee Replacement Evaluation" based on lack of evidence of conservative treatment. The MTUS ACOEM, Official Disability Guidelines and AAOS Clinical Guidelines on Osteoarthritis of the Knee were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho Surgery For Knee Replacement Evaluation: 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

arthroplasty: Criteria for knee joint replacementAAOS Clinical Guidelines on Osteoarthritis of the Knee

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Knee, Topic: Total Knee Arthroplasty

Decision rationale: The request as worded is not clear if it pertains to a Total Knee Arthroplasty or an Orthopedic Consultation. Utilization Review addressed the request as a surgery request for a Total Knee Arthroplasty. The IMR will therefore do the same. California MTUS does not address the criteria for a Total Knee Arthroplasty. ODG guidelines were therefore used. The request as stated does not specify if it pertains to the right or left knee. Based upon the documentation provided Utilization Review referenced the right knee and the IMR will also reference the right knee. The guidelines require conservative treatment with NSAIDs, Viscosupplementation, or corticosteroid injections, and Physical Therapy supervised exercise program of strengthening, subjective clinical findings including range of motion less than 90 degrees, night time pain with no relief from the above treatment, and documentation of current functional limitations, and objective clinical findings including age over 50 and BMI less than 40, plus imaging findings. The standing x-rays show moderate/severe osteoarthritis of the medial compartment; however, there is no lateral view which will be necessary to evaluate the patellofemoral joint. A Merchant's view is also recommended. The guideline criteria pertaining to the conservative treatment with exercise, corticosteroid injections or viscosupplementation are not met. The criteria with regard to imaging are also not met. Evidence of osteoarthritis in two compartments will be necessary before a total knee arthroplasty can be considered. This will necessitate additional x-rays as discussed. Based on the above, the request is not medically necessary.