

Case Number:	CM14-0194581		
Date Assigned:	12/02/2014	Date of Injury:	09/12/2013
Decision Date:	01/14/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/19/2014

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 Sports Medicine 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 61 year old male sustained work related industrial injuries on September 12, 2013. The mechanism of injury was not described. He subsequently complained of left knee pain. The injured worker was diagnosed and treated for advanced degenerative joint disease of the left knee. The injured worker's treatment consisted of diagnostic studies, prescribed medications, injections, activity modification, physical therapy and periodic follow up visits. According to the provider notes dated April 29, 2014, physical exam revealed mild varus angulation with patellofemoral grind testing with crepitus. There was tenderness to palpation in the medial compartment and mild effusion. Documentation noted that the injured worker had effective conservative treatment and would be monitored every few months. On July 22, 2014, objective findings revealed unchanged left knee exam. The treating provider noted that the injured worker continued to have effusion, varus angulation, flexion contracture and antalgic gait. According to the physician progress report dated October 28, 2014, the injured worker had been treated with physical therapy, time, medications and injections. The injured worker's height was 5'11" and weight was 250 lbs. The injured worker had varus angulation, effusion, an antalgic gait, and tenderness to palpation, which were noted to be consistent with MRI findings of essentially bone on bone arthritis. The provider recommendations were to move forward with total knee arthroplasty in an effort to allow the right side to stabilize. Documentation noted that the advanced degenerative joint disease had become markedly worse since the right total knee joint arthroplasty. There was no operative report from right total knee replacement or any radiographic imaging submitted for review. Additionally, the injured worker's current work status was not provided in medical report. The treating physician prescribed request for surgery of the left total knee arthroplasty now under review. There was a Request for Authorization submitted to support the request dated 10/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery Left Total Knee Arthroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG, 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 & Leg Chapter, Knee joint replacement

Decision rationale: The Official Disability Guidelines recommend a knee arthroplasty once there has been documentation of a failure of conservative care including exercise and medications, there is limited range of motion of less than 90 degrees for a total knee replacement and documentation of night time joint pain and no pain relief with conservative care and documentation of functional limitations, plus the injured worker must be over 50 years of age and have a BMI of less than 40 and should have documentation of standing x-rays indicating significant loss of chondral clear space in at least 1 of 3 compartments with varus or valgus deformity as an indication with additional strength or previous arthroscopy documented advanced chondral erosion or exposed bone. The injured worker's body mass index was less than 40 and the injured worker was over 50. The clinical documentation submitted for review indicated the injured worker had failed conservative care. However, there was a lack of documentation including limited range of motion and night time joint pain. There was a lack of documentation of standing x-rays with osteoarthritis. The documentation indicated the injured worker underwent an MRI however, the MRI was not provided for review. Given the above, the request for surgery left total knee arthroplasty is not medically necessary.