

Case Number:	CM14-0200497		
Date Assigned:	12/10/2014	Date of Injury:	06/16/2012
Decision Date:	01/27/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	12/01/2014

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 is a 63 year old female with a 6/16/12 injury date. In a 10/14/14 note, the patient complained of worsening left knee pain, clicking, popping, night pain, and inability to walk without limping. Objective findings included left knee range of motion from 10 to 110 degrees, 5-/5 strength in the quads and hamstrings, positive effusion, and patellofemoral crepitus. The patient's body mass index (BMI) was 26. A left knee x-ray series on 10/14/14 revealed severe osteoarthritis most significant in the medial and patellofemoral compartments. Diagnostic impression: left knee osteoarthritis. Treatment to date: medications, bracing, and home exercise program. A UR decision on 10/27/14 denied the request for left knee arthroplasty because there was no documented conservative care. The request for 3-day hospital stay was denied because the associated procedure was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Arthroplasty: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Knee & Leg 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 Chapter-Arthroplasty.

Decision rationale: CA MTUS does not address this issue. ODG criteria for TKR include conservative care including Visco supplementation injections OR Steroid injection, limited range of motion, nighttime joint pain, and no pain relief with conservative care; over 50 years of age AND Body Mass Index of less than 35; and osteoarthritis on imaging or arthroscopy report. In this case, the patient appears to be a good candidate for a total knee replacement. The patient has the appropriate age and BMI, and there are significant functional limitations that have persisted, including limited knee flexion, inability to achieve extension to neutral, and a persistent limp. The patient is experiencing crepitus, swelling, and night pain. There are clear findings of severe osteoarthritis on imaging. Although the documentation of conservative treatment could have been more detailed, it is unlikely that this patient would benefit from further medications, therapy, or injections. Therefore, the request for left knee arthroplasty is medically necessary.

Associated Surgical Service - 3 night stay: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Knee & Leg; Hospital Length of Stay (LOS)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee Chapter--Hospital length of stay.

Decision rationale: CA MTUS does not address this issue. ODG supports a 3-day hospital stay after total knee arthroplasty. Therefore, the request for a 3-night stay is medically necessary.