

Case Number:	CM14-0204309		
Date Assigned:	12/16/2014	Date of Injury:	03/17/1998
Decision Date:	02/09/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/05/2014

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 Occupational 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 is a 63 year old female with a 3/17/98 injury date. In an 11/10/14 note, the patient complained of bilateral knee pain with popping, weakness, grinding, and stiffness. Objective findings included positive patellar grind test, positive valgus stress test, medial joint line tenderness, positive effusion, right knee range of motion from 5 to 110 degrees, and left knee range of motion from 0 to 105 degrees. Bilateral knee x-rays revealed severe tricompartmental degenerative joint disease. Diagnostic impression: bilateral knee osteoarthritis. Treatment to date: arthroscopy, medications, injections, and physical therapy. A UR decision on 11/18/14 denied the request for bilateral knee replacement surgery because there was no documented body mass index (BMI) and no evidence that heart and lung disease had been ruled out.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Knees Replacement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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-- Knee joint replacement.

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. The safety of simultaneous bilateral total knee replacement remains controversial. Compared with staged bilateral or unilateral total knee replacement, simultaneous bilateral total knee replacement carries a higher risk of serious cardiac complications, pulmonary complications, and mortality. Recommend that congestive heart failure and pulmonary hypertension be contraindications for bilateral total knee arthroplasty (BTKA), but not age per se. In this case, the patient most likely is a candidate for either a right or a left knee replacement. However, there was not enough evidence to support the request for a simultaneous bilateral knee replacement given the high-risk nature of the procedure. Specifically, there was no evidence that heart and lung disease had been ruled out and there was no documented BMI or a height and weight with which a BMI could be calculated. In addition, there was no discussion of extenuating circumstances that would necessitate a bilateral knee arthroplasty despite the known risks. Therefore, the request for bilateral knee replacement is not medically necessary.