

Case Number:	CM14-0210977		
Date Assigned:	12/23/2014	Date of Injury:	09/19/2002
Decision Date:	02/13/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/16/2014

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 Family Practice, 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:

60 years old male claimant sustained a work injury on 9/19/02 involving the hips and left knee. He was diagnosed with bilateral hip arthritis, left knee medial and patellofemoral compartmental narrowing and tear of the medial meniscus. He underwent a partial medial meniscectomy in 2003 at which time he was diagnosed with chondromalacia and end stage osteoarthritis of the left knee. The orthopedic surgeon at the time recommended a total knee replacement. The claimant had subsequently undergone Synvisc injections for the knees. A progress note on 12/6/13 indicated the claimant had edema in both legs. He had normal alignment of the lower extremities but an antalgic gait. There was crepitus bilaterally. A consultation was requested for a left knee replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Consultation for Left total knee replacement as outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines 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 replacement and Knee pain

Decision rationale: According to the ODG guidelines, Criteria for knee joint replacement (If only 1 compartment is affected, a unicompartmental or partial replacement may be considered. If 2 of the 3 compartments are affected, a total joint replacement is indicated.):1. Conservative Care: Exercise therapy (supervised PT and/or home rehab exercises). AND Medications. (unless contraindicated: NSAIDs OR Visco supplementation injections OR Steroid injection). PLUS2. Subjective Clinical Findings: Limited range of motion (<90 for TKR). And Nighttime joint pain. And No pain relief with conservative care (as above) and Documentation of current functional limitations demonstrating necessity of intervention. PLUS3. Objective Clinical Findings: Over 50 years of age AND Body Mass Index of less than 35, where increased BMI poses elevated risks for post-op complications. PLUS4. Imaging Clinical Findings: Osteoarthritis on: Standing x-ray (documenting significant loss of chondral clear space in at least one of the three compartments, with varus or valgus deformity an indication with additional strength). OR Previous arthroscopy (documenting advanced chondral erosion or exposed bone, especially if bipolar chondral defects are noted).In this case, the claimant met the criteria for a knee replacement. Although, he had a consultation over 11 years ago, he had prolonged the use of his left knee with conservative management. Due to the extended time gap, another consultation is appropriate to evaluate the candidacy and safety as well as pre-operative examination prior to any surgery. The request above is medically necessary.