

Case Number:	CM14-0066931		
Date Assigned:	07/11/2014	Date of Injury:	02/28/2003
Decision Date:	03/24/2015	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 57-year-old male who reported an injury on 02/28/2003 due to an unspecified mechanism of injury. An MRI of the right lower extremity joint, dated 01/06/2014, showed advanced osteoarthritis of the medial compartment with grade 4 cartilage loss, a partial medial meniscectomy with re-tear at the inner margin at the junction of the body and anterior horn, multiple intra-articular bony loose bodies with the largest 1 extending into the popliteus tendon sheath, chronic degenerative changes, a partial tear of the ACL, deep cartilage fissure and extensive cartilage irregularity of the anterior compartment. On 02/05/2014, he presented for a followup evaluation. He reported pain in the right knee with prolonged sitting, standing, lifting, driving, and any activities. His medications and prior treatments included Voltaren gel, naproxen, and NSAIDs. A physical examination of the knee showed tenderness upon palpation of the right knee and medial joint line tenderness. Right knee range of motion was restricted by pain in all directions. There was crepitus of the right knee, muscle stretch reflexes were 1 and symmetric bilaterally in all limbs, and clonus, Babinski's, and Hoffman's signs were absent bilaterally. Muscle strength was a 5/5, heel and toe walking were abnormal with reduced balance, and the remainder of the examination was unchanged. He was diagnosed with right knee degenerative joint disease, right knee internal derangement, right knee status post surgery, right knee pain, hypertension, and diabetes mellitus. The treatment plan was for a right total knee replacement. The rationale for treatment was to alleviate the injured worker's pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right total knee replacement: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 343-345.

Decision rationale: The California ACOEM Guidelines indicate that a referral for a surgical consultation may be indicated for those who have activity limitations for more than 1 month and who fail exercise programs to increase range of motion and strength around the musculature of the knee. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the right knee. However, there was a lack of documentation showing that he has undergone all recommended conservative therapy, such as physical therapy and injections, in an attempt to alleviate his pain. Without this information, the request for a surgical intervention would not be supported. as such, the request is not medically necessary.