

Case Number:	CM15-0003094		
Date Assigned:	01/13/2015	Date of Injury:	06/28/1991
Decision Date:	03/20/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/06/2015

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 68-year-old male who reported an injury on 06/28/1991. The mechanism of injury was not specifically stated. The current diagnosis is left knee severe degenerative joint disease/osteoarthritis. The injured worker presented on 03/20/2014 with complaints of bilateral knee pain. Treatment has included arthroscopy, NSAIDs, Vicodin, and cortisone, which have not been effective in relieving symptoms. The injured worker reported sleep disturbance and activity limitation. The injured worker's body mass index was noted to be 42.66. Upon examination of the left knee, there was swelling, moderate effusion, medial joint line tenderness, 10 degree extension, and 120 degree range of motion. The treatment plan at that time included a total knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left total knee arthroplasty: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 joint replacement following conservative treatment to include exercise therapy and medication or injections. The injured worker should be over 50 years of age with a body mass index of less than 40. There should be evidence of osteoarthritis on standing x-ray. According to the documentation provided, the injured worker had exhausted conservative treatment. However, the injured worker's body mass index was greater than 40. There were also no x-rays or previous arthroscopy reports indicating evidence of osteoarthritis in 2 out of 3 compartments. Given the above, the request is not medically appropriate.

Associated surgical service: inpatient hospital stay; length of stay not indicated: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Hospital Length of Stay (LOS).

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.