

Case Number:	CM15-0003754		
Date Assigned:	01/14/2015	Date of Injury:	01/11/2002
Decision Date:	03/19/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/08/2015

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

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 was a 66 year old female, who sustained an industrial injury, January 11, 2002. The injured worker tripped over a pallet Jack Fork and fell. The injured worker chief complaint was right knee pain. The injured worker was diagnosed with right medical meniscal tear, osteoarthritis, right knee partial ACL tear, stage II chondromalacia patella and degenerative joint disease. Exam 6/11/14 demonstrates constant pain. Exam demonstrates tenderness along the joint line with range of motion 0-110 degrees. Exam 12/15/14 demonstrates body mass index is noted to be 44.8. Range of motion is 0-140 degrees. The injured worker was treated with life style modification, exercise, and physical therapy, supportive devices/change in foot wear, diagnostic testing and medications. On December 23, 2014, the UR denied authorization for left total knee arthroplasty. The denial was based on the ODG criteria for knee joint replacement.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for knee joint replacement

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg, Arthroplasty

Decision rationale: CA MTUS/ACOEM is silent on the issue of total knee replacement. According to the Official Disability Guidelines regarding Knee arthroplasty: Criteria for knee joint replacement which includes conservative care with subjective findings including limited range of motion less than 90 degrees. In addition the patient should have a BMI of less than 35 and be older than 50 years of age. There must also be findings on standing radiographs of significant loss of chondral clear space. The clinical information submitted demonstrates insufficient evidence to support a knee arthroplasty in this patient. There is no documentation from the exam notes from 12/15/14 of increased pain with initiation of activity or weight bearing. There are no records in the chart documenting when physical therapy began or how many visits were attempted. There is no evidence in the cited examination notes of limited range of motion less than 90 degrees. The patient has a BMI of 44.8. Therefore the guideline criteria have not been met and the determination is for non-certification.