

Case Number:	CM15-0008137		
Date Assigned:	01/26/2015	Date of Injury:	07/27/2011
Decision Date:	03/24/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/14/2015

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 64-year-old female with a reported date of injury of 12/29/2005. The mechanism of injury involved a motor vehicle accident. The current diagnosis is pain in a joint. The injured worker presented on 12/16/2014 with complaints of persistent right knee pain. It is noted that the injured worker is status post a bilateral shoulder surgery in early 2000. The injured worker also underwent surgery for the left knee on 04/23/2013. Previous conservative treatment includes Synvisc injections. Upon examination of the left knee, there is positive joint line tenderness, effusion and abrasion, pain at the patellofemoral joint, crepitus with range of motion, pain with range of motion of the left knee, limited flexion to 90 degrees, pain with varus loading of the knee, and slight weakness in the left leg with EHL flexion and dorsiflexion. There was decreased quadriceps tone also noted. A previous MRI of the left knee on 04/27/2012 reportedly revealed a longitudinal tear of the body and posterior horn of the medial meniscus with extensive chondromalacia involving the patellar articular surface. X-rays on an unknown date reportedly revealed significant loss of chondral clear space in at least 1 of 3 compartments with varus or valgus deformity. Recommendations included a left knee arthroplasty. It was noted that the injured worker continues to have worsening pain of the left knee. There is intermittent swelling and warmth reported. There was no Request for Authorization Form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left total knee replacement (arthroplasty), quantity: 1: 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), 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 & Leg Chapter, Knee Joint Replacement.

Decision rationale: The Official Disability Guidelines recommend a knee arthroplasty when there is evidence of 2/3 compartments that are affected. Conservative treatments should include exercise therapy and medication or injections. Patients should be over 50 years of age with a body mass index of less than 40. There should be documentation of osteoarthritis on standing x-ray or a previous arthroscopy report. It is noted that the injured worker is status post repair of a complex tear of the posterior horn of the medial meniscus on 04/23/2013. It was noted at that time the injured worker had grade 4 chondral erosions of the patella. However, there is no documentation of any recent standing x-rays. The guidelines recommend a total knee replacement when there are 2/3 compartments affected. Additionally, the injured worker has a body mass index of 40.9. The injured worker has been diagnosed with diabetes and morbid obesity. The guidelines recommend a total knee arthroplasty for patients with a body mass index of less than 40. Given the above, the request is not medically appropriate at this time.

Post-operative physical therapy, quantity: 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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