

Case Number:	CM15-0009719		
Date Assigned:	01/27/2015	Date of Injury:	10/17/2011
Decision Date:	03/17/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/16/2015

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: Illinois, California, Texas
 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 is a 61 year old male, who sustained an industrial injury on 10/17/11. The 11/6/14 treating physician report indicated the patient was requesting definitive treatment of his right knee. There was moderate patellofemoral joint crepitation, medial joint line tenderness, and positive Apley's and McMurray's tests. The diagnosis was degenerative arthritis right knee, status post arthroscopic surgery. A right total knee replacement was requested. The 12/18/14 treating provider report documented severe right knee pain with most activities, and partial relief with medications. Similar symptoms were reported on the left knee but less severe status post total knee arthroplasty. Right knee exam documented a deranged gait, exquisite pain to palpation over the anteromedial knee at the pes anserine bursae, and active range of motion 0-90 degrees. There was global tenderness and positive McMurray's, Valgus, and anterior drawer tests. The diagnoses included internal derangement of right and left knee, abnormality of gait, and right knee pes anserius tendinitis/bursitis. The patient required a total knee arthroplasty. Treatment to date has included x-rays (7/20/12), right knee arthroscopy (2/12), Left knee arthroplasty (no date), MRI right knee (3/11/13), right knee Supartz injection (10/23/14), and medications for co-morbid conditions are noted. On 12/30/14 Utilization Review non-certified an Inpatient LOS 2-3 Days: Right Total Knee Replacement, based on an absence of documented conservative treatment, imaging evidence of end-stage osteoarthritis, or body mass index. The ODG Knee and Leg Procedure Summary "Criteria for knee joint replacement" Guidelines were cited. On 1/16/15, the injured worker submitted an application for IMR for review of Inpatient LOS 2-3 Days: Right Total Knee Replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient LOS 2-3 Days: Right Total Knee Replacement: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The California MTUS does not provide recommendations for total knee arthroplasty. The Official Disability Guidelines recommend total knee replacement when surgical indications are met. Specific criteria for knee joint replacement include exercise and medications or injections, limited range of motion (< 90 degrees), night-time joint pain, no pain relief with conservative care, documentation of functional limitations, age greater than 50 years, a body mass index (BMI) less than 40, and imaging findings of significant osteoarthritis on standing x-rays or previous arthroscopy. Guideline criteria have not been met. This patient presents with current report of severe pain with findings suggestive of tendinitis/bursitis. There is no detailed imaging evidence of significant osteoarthritis documented to support the medical necessity of a total knee replacement. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Body mass index was not documented. Therefore, this request for right total knee replacement with inpatient length of stay (LOS) 2-3 days is not medically necessary at this time.