

Case Number:	CM15-0103265		
Date Assigned:	06/05/2015	Date of Injury:	09/29/2005
Decision Date:	07/08/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/29/2015

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, Indiana, Oregon
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 58-year-old male who sustained a work related injury September 29, 2005. According to a secondary treating physician's progress notes, dated April 7, 2015, the injured worker complains of persistent and increasing pain to his left knee. Objective findings included; left knee-well healed arthroscopy portals, swelling, difficulty ambulating and weight bearing, tenderness to palpation over the medial and lateral joint lines, pain to Varus and Valgus stressing, McMurray and downward Apley testing is positive on the left, range of motion limited, with flexion to 95 degrees and extension to 0 degrees, and significant crepitation upon ranging. Diagnoses are s/p left knee arthroscopy with residual symptoms and advanced, posttraumatic degenerative arthritis, left knee. At issue, is the request for authorization for a total left knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Total left knee arthroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Knee joint replacement.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 4/7/15 of limited range of motion less than 90 degrees. There is evidence of some preservation of joint space on the Arthrogram. Therefore, the guideline criteria have not been met and the request is not medically necessary.