

Case Number:	CM15-0106652		
Date Assigned:	06/11/2015	Date of Injury:	10/13/2013
Decision Date:	07/14/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/03/2015

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 50-year-old female who sustained an industrial injury on 10/13/13. The mechanism of injury was not documented. Past surgical history was positive for left knee arthroscopy with partial medial and lateral meniscectomy, chondroplasty patella and plica excision, and chondroplasty lateral and medial femoral condyles on 5/6/14. Conservative treatment included post-op physical therapy, Supartz injections, activity modification, and anti-inflammatory medications. The 4/8/15 treating physician report cited persistent grade 7/10 left knee pain. She was currently off work due to her knee pain. She had pain with standing and walking. She had some pain relief with sitting. She had difficulty with activities of daily living and prolonged standing. Left knee exam documented medial joint line tenderness and crepitus with range of motion. The diagnosis was left knee osteoarthritis status post arthroscopy with continued pain. Authorization was requested for a left total knee arthroplasty. The 5/8/15 utilization review non-certified the request for left total knee arthroplasty as there was no documentation of limited range of motion. The 5/20/15 treating physician report cited grade 7/10 left knee pain worse with walking and climbing stairs, and intermittent swelling. Physical exam documented the injured worker was 5-7 and 330 pounds. Left knee exam documented medial joint line tenderness with no instability. The treating physician report opined that the injured worker would not improve without surgical intervention and remained off work.

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 ODG, 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 Chapter: Knee Arthroplasty.

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 osteoarthritis. Guideline criteria have not been met. This injured worker presents with persistent left knee pain despite arthroscopic surgery one year ago. Clinical exam findings documented medial joint line tenderness, crepitus and limited range of motion. There was no specific documentation of range of motion loss, and no documentation of night time pain. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Additionally, this injured worker's body mass index is greater than 50 with no discussion of weight loss documented in the records. There were no current imaging findings documented in the submitted records, including evidence of standing x-rays or an operative report. Therefore, this request is not medically necessary.