

Case Number:	CM15-0132415		
Date Assigned:	07/20/2015	Date of Injury:	09/08/2010
Decision Date:	08/17/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/09/2015

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:

This injured worker is a 60-year-old male sustained an industrial injury on 9/08/10. Injury occurred when his left leg got trapped in a conduit and he twisted his knee and back. He underwent diagnostic arthroscopy and partial lateral meniscectomy on 7/26/13. Conservative treatment included physical therapy, medications, bracing, cane, viscosupplementation, and epidural steroid injection. The 2/10/15 left knee MRI impression documented an anterior cruciate ligament tear. The previously noted medial tibial plateau contusion had resolved. There was no significant chondromalacia. The 3/19/15 left knee x-rays documented no acute osseous process and subtle suprapatellar joint effusion consistent with internal derangement or inflammation. The 6/23/15 lumbar spine MRI documented a left paracentral disc protrusion at L3/4 with indentation of the anterior thecal sac, moderate spinal stenosis, moderate to severe facet arthropathy, small joint effusion, moderate right and mod to severe left neuroforaminal stenosis, and increased disc space narrowing and desiccation. There was a mild broad-based disc protrusion at L4/5 with moderate bilateral neuroforaminal stenosis. There was a broad-based disc protrusion at L5/S1 with indentation of the thecal sac, spinal stenosis, and moderate bilateral neuroforaminal stenosis. The 6/26/15 treating physician report cited acute left knee/foot pain, and lower back pain occasionally radiating to the left buttock and knee with numbness and tingling. Knee and back pain increased with standing walking and activity. Lumbar epidural steroid injection had not provided relief. Physical exam documented slight limp due to left knee pain and cane use for walking. Neurologic exam documented decreased sensation over the left lower extremity left L5 and S1, diminished left S1 reflex, and normal lower extremity motor

function. Left knee exam documented tenderness to palpation over the medial, lateral, and popliteal areas, pain with flexion/extension, and pain with varus/valgus stress testing. Knee flexion was reported 50/90 and extension 60/70. The impression was lumbar intervertebral disc displacement without myelopathy, lumbar spinal stenosis, and neuralgia, neuritis, and radiculitis. The treatment plan included medication refills, aqua therapy, pool membership, left total knee replacement, and neurosurgical consult. Authorization was requested for left total knee replacement. The 7/8/15 utilization review non-certified the request for left total knee arthroplasty as there was no insufficient evidence that the injured worker had end-stage osteoarthritis in at least 2 compartments and had failed conservative treatment to support the request for left total knee replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left total knee replacement: 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), Knee Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 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 osteoarthritis. Guideline criteria have not been met. This injured worker presents with persistent function-limiting low back and left lower extremity pain, including left knee pain. Clinical exam findings documented global left knee tenderness with restricted and painful range of motion and pain with varus/valgus testing. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial for the left knee and failure has not been submitted. Radiographs and imaging do not evidence osteoarthritis. There is imaging evidence of an anterior cruciate ligament tear. Clinical exam findings are consistent with imaging evidence of multilevel lumbar disc protrusions and stenosis with plausible neurocompression. Therefore, this request is not medically necessary.