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| Case Number: | CM15-0137433 | | |
| Date Assigned: | 07/27/2015 | Date of Injury: | 02/09/2013 |
| Decision Date: | 08/25/2015 | UR Denial Date: | 06/15/2015 |
| Priority: | Standard | Application Received: | 07/15/2015 |

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 61-year-old female who sustained an industrial injury on 2/09/13. The mechanism of injury was not documented. Records indicated that knee x-rays on 2/11/14 revealed moderate to severe osteoarthritis at both knees. Conservative treatment included medications and activity modification. The 6/5/15 treating physician report cited bilateral knee pain. Right knee pain was constant, with sharp pain that comes and goes. Left knee was still popping and getting worse. She was independent in activities of daily living. Medications included Naprosyn and Norco. Body mass index was 38.27. Physical exam documented antalgic gait that was worse with more swelling and obvious pain in the right knee. Valgus deformity was increasing and deterioration continued. The treatment plan recommended refreshing the request for surgery since she had lost weight and was less than 200 pounds. She was reported off work. Authorization was requested for knee replacement surgery. The 6/18/15 utilization review non-certified the request for knee replacement surgery as there was no documentation of nighttime joint pain, failure of conservative treatment, current functional limitations, and body mass index less than 35. Additionally, there was no documentation of a surgery report requesting the procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

knee replacement surgery: 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).

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 fully met. This injured worker presents with bilateral knee pain, with constant right knee pain and worsening left knee pain with popping. She was reported off work but was independent in activities of daily living with no functional limitations documented. There were no clinical exam findings evidencing loss of range of motion. There was no documentation of night time pain. Records indicated that the injured worker has bilateral moderate to severe osteoarthritis. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. This request has been submitted by the primary treating physician with no indication of the side being requested. The surgeon's report was not found in the submitted records. Therefore, this request is not medically necessary at this time.