

Case Number:	CM15-0149479		
Date Assigned:	08/12/2015	Date of Injury:	07/06/2012
Decision Date:	09/09/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/31/2015

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, Oregon, Washington
 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 57 year old female who sustained an industrial injury on 07-06-2012. Mechanism of injury occurred when she tripped over a pull cart and struck her right shin and fell down landing on her right knee. She has a previous work related injury in 2003 with two right knee surgeries. Diagnoses include lateral meniscal tear of the right knee, full thickness articular cartilage loss patella right knee, and medial compartment chondromalacia of the right knee. Treatment to date has included diagnostic studies, medications, acupuncture, status post right knee arthroscopy with patelloplasty, resection of suprapatellar plica, partial medial and partial lateral meniscectomy, removal of loose bodies, chondroplasty medical tibial plateau and medial femoral condyle. She is retired. A physician progress note dated 06-26-2015 documents the injured worker complains of right knee pain which she rates as 6 out of 10. On examination there is tenderness to palpation and crepitation is present. Several documents within the submitted medical records are difficult to decipher. Treatment requested is for a right knee total arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee total arthroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

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 6/26/15 of increased pain with initiation of activity or weight bearing. There are no records in the chart documenting when physical therapy began or how many visits were attempted. There is no evidence in the cited examination notes of limited range of motion less than 90 degrees. There is no formal weight bearing radiographic report of degree of osteoarthritis. Therefore the guideline criteria have not been met and the determination is for non-certification and therefore is not medically necessary.