

Case Number:	CM15-0165548		
Date Assigned:	08/26/2015	Date of Injury:	07/05/2006
Decision Date:	09/29/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/24/2015

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 62 year old female who sustained a work related injury July 6, 2006. Past history included status post right total knee replacement. X-ray of the bilateral knee, 4 view and bilateral lower extremity scanogram, one view, dated October 27, 2014 (report present in the medical record) revealed status post right total knee arthroplasty without evidence of complication; tricompartmental left knee osteoarthritis, which is moderate to severe in the medial and patellofemoral compartment; mild left genu varum; right leg about 1 cm longer than left. According to a primary treating physician's progress report, dated August 10, 2015, the injured worker called for an emergency appointment. Her left knee gives out more and more often and is getting progressively worse. She complains of back pain from limping and also reported to have fallen down twice coming out of the shower and down the stairs (unclear date). Objective findings included; right 4 to 101 degrees range of motion with crepitus, knee effusion, patellofemoral grind, and medial lateral joint line tenderness. Some of the reports typed copy values, unable to decipher. Diagnoses are osteochondral loose body; degenerative joint disease right knee greater than left; low back pain compensable consequence of the antalgic gait right knee, lumbosacral radiculopathy; right knee gave way and all weight put on left knee-derivative injury. At issue, is the request for authorization for a total left knee replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total Left Knee Replacement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), Knee joint replacement; Indications for Surgery-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 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 8/10/15 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. Therefore, the requested treatment is not medically necessary.