Case Number:	CM15-0167670		
Date Assigned:	09/08/2015	Date of Injury:	05/18/2014
Decision Date:	10/13/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/26/2015

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 54 year old female who sustained an industrial injury on 5-18-14. A history and physical report, dated 12-10-14, indicates that the injury was sustained as the result of a fall. She complained of pain, swelling, popping, locking, and "giving way" of the right knee. The 7-9-15 workman's comp office visit note indicates her diagnoses as sprain of the knee, tear of medial cartilage or meniscus of the knee, joint pain, and long term use of medications. She presented to the office for follow-up of her right knee MR Arthrogram. The provider explained the results of tricompartmental chondromalacia. The injured worker was noted to have completed aquatic therapy, but continued to complain of pain, swelling, popping, throbbing, and weakness. She has a history of cortisone injection in February 2015, followed by Hyalgan injections x 3. Her medications include Naproxen, Tramadol, and Celebrex. The treatment recommendations indicate that the injured worker failed conservative measures of non-steroidal anti-inflammatory medications, pain medications, cortisone injections, Hyalgan injections x 3, prior surgery, pre and postoperative physical therapy, and activity modification. She continues to complain of sharp pain, stiffness, popping, swelling, and "agonizing grinding that throbs at night and limits motion and function". A right total knee arthroplasty was recommended to restore function. This treatment recommendation was noted from a provider in another state.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right 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 & Leg.

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: Criteria for knee joint replacement.

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 7/9/15, 6/2/15 or 5/19/15 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 evidence in the cited examination notes of limited range of motion less than 90 degrees on clinic note from 7/9/15. There is no formal weight bearing radiographic report of degree of osteoarthritis. Therefore the guideline criteria have not been met and the request is not medically necessary.

Associated surgical services: Inpatient stay for 3 days: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.

Associated surgical services: Surgical assistant: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate. This review presumes that a surgery

is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.