

Case Number:	CM15-0184493		
Date Assigned:	09/25/2015	Date of Injury:	01/30/1984
Decision Date:	10/30/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/18/2015

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:

This male sustained an industrial injury on 1-30-84. The injured worker sustained an industrial injury bilateral patella fractures requiring bilateral open reduction internal fixation. Documentation indicated that the injured worker was currently receiving treatment for right knee osteoarthritis. Previous treatment included cortisone injections, Viscosupplementation injections and medications. In a progress note dated 4-21-15, the injured worker complained of a recent increase in right knee pain. The injured worker received a Gel-one injection on 3-10-15 with mild improvement to pain. Physical exam was remarkable for right knee with range of motion from 0 to 120 degrees, mild varus deformity, no swelling or warmth and normal neurovascular exam. In a progress note dated 8-4-15, the injured worker complained of right knee pain. Physical exam was remarkable for right knee with range of motion 0 to 100 degrees, mild varus deformity, no swelling or warmth and normal neurovascular exam. The physician documented that x-rays of the right knee taken during the office visit showed moderate to severe osteoarthritis affecting predominantly the patellofemoral compartment with moderate tibiofemoral compartment involvement. The physician noted that the injured worker had received two Cortisone injections (3-26-13 and 8-26-14) and viscosupplementation injections with moderate improvement only. The physician recommended right total knee arthroscopy. On 8-13-15, Utilization Review noncertified right total knee arthroscopy with a two to three day hospital stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right total knee arthroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

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 4/21/15 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, as range of motion is documented as 0-120. Therefore the guideline criteria have not been met and the request is not medically necessary.

Associated Services: Hospital for 2-3 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.