

Case Number:	CM15-0189332		
Date Assigned:	10/01/2015	Date of Injury:	03/01/2005
Decision Date:	11/09/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/25/2015

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 65 year old female who sustained an industrial injury on 3-1-05. Diagnoses are right knee internal derangement and right knee osteoarthritis. In a progress report dated 4-14-15, the physician notes complaint of constant right knee pain described as sharp, shooting and stabbing and rated at a 10 out of 10. She reports grinding, popping, pulling and cracking sensations. She is awaiting a referral to the surgeon to proceed with a total knee replacement. Complaint of waking during the night due to pain and of decreased muscle mass and strength is also noted. Pain is aggravated by prolonged standing, prolonged walking, walking on uneven surfaces, repetitive bending, repetitive stooping, repetitive kneeling, climbing, lifting heavy objects and cold weather. Pain is reduced with rest and activity modification. Medications are Hydrocodone and Ibuprofen which are reported to be helpful. She ambulates with an antalgic gait and uses a cane. Palpation of the right knee reveals moderate tenderness at the medial peripatellar and lateral peripatellar on the right. Apley's grinding test and McMurray's test are positive on the right knee. Right knee range of motion in degrees is flexion 115 and knee extension -5. She was prescribed a right knee brace to avoid exacerbation of the current injury. Work status is noted as permanent and stationary. A request for authorization is dated 4-14-15. The requested treatment of a total right knee replacement and right knee stabilizing brace was denied on 8-28-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total Right Knee Replacement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Leg & Knee, 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 4/14/15 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 request is not medically necessary.

Right Knee Stabilizing Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg, Knee Brace.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care, Surgical Considerations.

Decision rationale: CA MTUS / ACOEM Chapter 13 Knee complaints, page 340 states that a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits may be more emotional than medical. According to the ODG, Knee chapter, Knee brace section, knee braces may be appropriate in patients with one of the following conditions: knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, and specific surgical interventions. The cited medical records demonstrate the claimant is not experiencing specific laxity, instability, and ligament issues or has undergone surgical intervention. Therefore the request for durable medical equipment, knee brace, is not medically necessary and appropriate.