

Case Number:	CM15-0194381		
Date Assigned:	10/08/2015	Date of Injury:	02/24/2012
Decision Date:	11/18/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/02/2015

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: Illinois, California, Texas
 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 injured worker is a 64-year-old male who sustained an industrial injury on 2/24/12. The mechanism of injury was not documented. He underwent left knee arthroscopic partial medial and lateral meniscectomy on 6/15/12. The 8/12/15 left knee x-ray report impression documented mild left knee degenerative disease. Findings documented normal alignment, mild medial compartment joint space narrowing with no significant osteophyte formation. The 8/13/15 orthopedic report cited persistent anterior, medial and lateral left knee pain. He was using a cane and a brace. He had improved slightly after surgery in 2012 but the pain returned to pre-op levels a short time later. He had pain with walking, flexion, and kneeling. He had frequent pain at night but no swelling. He was taking Relafen. He had physical therapy in the past. He had corticosteroid and Supartz injections, which helped for only a few days. Left knee exam documented range of motion 0-90 degrees with small effusion, peripatellar and medial joint line tenderness, stable to varus/valgus, normal patellar mobility, positive grind test, mild quadriceps atrophy, and varus alignment. There was 5/5 strength. X-rays showed mild to moderate medial compartment and patellofemoral degenerative changes. The injured worker had mild to moderate degenerative changes. The treatment plan indicated that he had a full course of conservative treatment and prior arthroscopy that did not help. Authorization was requested for a total knee replacement. The 9/10/15 utilization review non-certified the request for total knee arthroplasty as the injured worker's subjective clinical findings did not meet guideline criteria and x-rays did not documented significant compartment loss or degeneration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total knee replacement: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg (Acute and 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 and Leg: Knee joint replacement.

Decision rationale: The California MTUS does not provide recommendations for total knee arthroplasty. The Official Disability Guidelines recommend total knee replacement when surgical indications are met. Specific criteria for knee joint replacement include exercise and medications or injections, limited range of motion (< 90 degrees), nighttime joint pain, no pain relief with conservative care, documentation of functional limitations, age greater than 50 years, and a body mass index (BMI) less than 40. Imaging clinical criteria include osteoarthritis on standing x-rays with significant loss of chondral clear space in at least one of the three compartments, with varus or valgus deformity an indication with additional strength, or previous arthroscopy documented advanced chondral erosion or exposed bone, especially if bipolar chondral defects are noted. Guideline criteria have been met. This injured worker presents with persistent left knee pain. Records reveal nighttime pain and significant functional limitations. Clinical exam findings are consistent with radiographic evidence of osteoarthritis in the medial and patellofemoral compartments. Detailed evidence of long-term reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.