

Case Number:	CM15-0201634		
Date Assigned:	10/16/2015	Date of Injury:	07/30/2014
Decision Date:	11/30/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/13/2015

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 53 year old female, who sustained an industrial injury on July 30, 2014. The injured worker was diagnosed as having right knee meniscal tear and osteoarthritis of the right knee. Treatment and diagnostic studies to date has included use of a cane, status post cortisone injection, status post Synvisc injection, status post joint debridement of the right knee performed on November 21, 2014, medication regimen, and x-rays of the knee. In a progress note dated September 22, 2015 the treating physician reports an increase in pain and swelling to the right knee. Examination performed on September 22, 2015 was revealing for an intra-articular effusion and "moderate" antalgic gait. The treating physician also noted on September 22, 2015 that the injured worker "failed conservative care for right knee pain" noting prior cortisone injection and Synvisc injection with the quantities of both types of injections unknown. The progress note on September 22, 2015 did not include the injured worker's numeric pain level as rated on a visual analog scale. X-rays performed on September 22, 2015 was revealing for "tricompartmental loss of joint space with bone-on-bone contact medial lateral and patellofemoral consistent with severe end-stage osteoarthritis of the knee". On September 22, 2015 the treating physician requested right total knee arthroscopy, but the progress note did not indicate the specific reason for the requested procedure. On October 02, 2015 the Utilization Review denied right total knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right total knee arthroplasty: Upheld

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

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 9/22/15 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 not medically necessary.