

Case Number:	CM15-0208306		
Date Assigned:	10/27/2015	Date of Injury:	09/18/2013
Decision Date:	12/16/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/22/2015

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: Minnesota, Florida
 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 55 year old male who sustained an industrial injury on 09-18-2013. A review of the medical records indicated that the injured worker is undergoing treatment for joint pain right knee. The injured worker is status post sepsis and renal failure, now resolved. According to the treating physician's progress report on 09-01-2015, the injured worker was more comfortable and had been cleared by infectious disease to have surgery. The examination demonstrated tenderness to palpation in the bilateral knees, right worse than left with decreased painful range of motion. A genu varum deformity was present and the injured worker had an antalgic gait favoring both knees. Official report of a right knee magnetic resonance imaging (MRI) performed in 05-2014 included in the review stated "fraying at the inner margin of the lateral meniscus status post partial meniscectomy, Grade IV patellofemoral chondromalacia and mild to moderate cartilage thinning and irregularity of the lateral compartment". Prior treatments have included diagnostic testing without discussion of previous therapies or injections noted. Current medications were not listed in the progress report on 09-01-2015. Treatment plan consists of a right total knee replacement. On 09-22-2015, the Utilization Review determined the request for right total knee replacement was not medically necessary.

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: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Knee and Leg, Knee Joint Replacement.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Knee joint replacement.

Decision rationale: MRI scan of the right knee dated May 21, 2014 revealed grade 4 chondromalacia of the patellofemoral joint. There was fraying of the inner margin of the lateral meniscus status post partial meniscectomy. There was mild to moderate cartilage thinning and irregularity of the lateral compartment. Progress notes dated 7/21/2015 document a genu varum deformity of both knees with limited range of motion. The range of motion is not documented. The assessment was osteoarthritis, bilateral knees. Documentation also indicates he was recuperating from resolving kidney failure from sepsis. A subsequent note dated September 1, 2015 indicates that the injured worker was more comfortable and had been cleared for surgery. On examination, there was tenderness to palpation in both knees, right more than left. There was genu varum deformity and antalgic gait favoring both knees. A formal request was made for right total knee replacement. ODG guidelines for knee joint replacement include involvement of at least 2 compartments with osteoarthritis, evidence of conservative care including exercise therapy and medications or viscosupplementation or corticosteroid injection plus subjective clinical findings of limited range of motion less than 90 and nighttime joint pain and no pain relief with conservative care and documentation of current functional limitations and straightening need for surgery plus objective clinical findings of age over 50 and body mass index less than 40 plus imaging clinical findings of osteoarthritis on standing x-ray documenting significant loss of chondral clear space in at least one of the 3 compartments with varus or valgus deformity an indication with additional strength. In this case, the MRI report documents patellofemoral arthritis and mild lateral compartment arthritis. Standing films are not submitted. There is no documentation of conservative care necessitated by guidelines. The range of motion is not reported. The body mass index is not reported. As such, the ODG guideline criteria have not been met and the request for a total knee arthroplasty is not supported. In light of the foregoing, the medical necessity of the requested total knee arthroplasty has not been substantiated. The request is not medically necessary.