

Case Number:	CM15-0209395		
Date Assigned:	10/28/2015	Date of Injury:	02/25/2014
Decision Date:	12/09/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/23/2015

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 is a 33 year old female who sustained an industrial injury on 2-25-2014. A review of the medical records indicates that the injured worker is undergoing treatment for right knee medial compartment moderate arthritis with severe pain and functional limitation. According to the progress report dated 9-24-2015, the injured worker was seen for evaluation of a partial knee replacement. She reported that her walking was limited to less than 15 minutes due to pain which she rated 10 out of 10. She could only manage one stair at a time and had to hold on to a handrail. She was unable to work. The physical exam of the right knee from 8-24-2015 documented medial joint line crepitus, both palpable and audible. Objective findings (9-24-2015) revealed right knee range of motion 0-135 degrees and extensor hallucis longus (EHL) 5 of 5. Treatment has included right knee chondroplasty and medial and lateral meniscectomies on 7-18- 2014, physical therapy, injections, braces and medications. Current medications (9-24-2015) included Naprosyn, Flexeril, Codeine, Terocin lotion, Tramadol, Doral and Prilosec. It was noted that x-rays of the right knee taken 9-24-2015 showed moderate arthritic changes affecting the medial compartment. The original Utilization Review (UR) (10-2-2015) denied a request for right knee unicompartmental knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unicompartmental knee arthroplasty, right knee: Upheld

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of unicompartmental knee replacement. According to the ODG Knee and Leg section, unicompartmental knee replacement is an option if one compartment is involved, Guideline criteria for knee arthroplasty includes conservative care consisting of supervised therapy or home exercise program and medications, plus documentation of limited range of motion. In addition, complaints of night joint pain, no pain relief with conservative care and documentation of current functional limitations when the patient is over 50 years of age with a body mass index of less than 35. In addition, there must be documentation of significant loss of chondral clear space in at least 1 of 3 compartments. In this case, the cited exam notes from 9/24/15 demonstrate ROM from 0-135. 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. Therefore, the guideline criteria have not been met and the determination is not medically necessary.