

Case Number:	CM15-0020846		
Date Assigned:	02/10/2015	Date of Injury:	05/08/2014
Decision Date:	04/07/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	02/04/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49-year-old male who reported an injury on 05/08/2014. The mechanism of injury was due to a fall. His diagnoses include internal knee derangement, post-traumatic degenerative arthritis of the bilateral knees. His past treatments included medications, Synvisc injections, corticosteroid injections, brace and surgery. His surgical history included a right knee medial compartment knee arthroplasty in 1982. An unofficial right knee MRI performed on 05/22/2014 revealed post right medial knee joint compartment hemiarthroplasty. There was also noted maceration of the medial meniscus, complex tear of the posterior horn of the lateral meniscus, a small knee joint effusion with synovitis. There is also a low grade subchondral marrow edema at the medial knee joint compartment reactive or suggestive of osseous contusions/trabecular bone injury from history of recent trauma and low grade pes anserine bursitis. Pertinent surgical history included a right knee medial compartment hemiarthroplasty in 1982. On 12/20/2014, the injured worker complained of not having lasting relief with his recent chiropractic care. The physical examination of the right knee revealed mild varus deformity. No evidence of soft tissue swelling, instability or effusion was noted. There was tenderness to palpation over the medial joint line. There was also pain noted with McMurray's maneuver and mild patellofemoral irritability with satisfactory patella excursion and tracking. The range of motion was indicated to 0 to 115 degrees with crepitation. Relevant medications were noted to include Norco 5 mg. The treatment plan included a right total knee replacement and removal of hardware. A rationale was not provided. A Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Total Knee Replacement and Removal of Hardware: 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 and Leg.

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 and Hardware implant removal (fracture fixation).

Decision rationale: The request for a right total knee replacement, removal of hardware is not medically necessary. According to the Official Disability Guidelines, criteria for a knee arthroplasty include failure of conservative care to include exercise therapy and medications unless contraindicated. In addition to subjective clinical findings of limited range of motion of at least 90 degrees, night time joint pain, no pain relief with conservative care and documentation of current functional limitations demonstrating necessity of interventions in addition to objective clinical findings to be over the age of 50 and a body mass index of less than 40. There should also be diagnostic studies indicating osteoarthritis upon standing x-ray or previous arthroscopy. The injured worker was indicated to have previous right knee surgery. However, there was lack of documentation in regard to medication, conservative care and documentation of current functional limitations demonstrating medical necessity. There was also lack of documentation the injured worker was over the age 50, any body mass index was not provided. In addition, there was lack of documentation to indicate the injured worker had pain caused by broken hardware or infection or nonunion for the indication of the removal of hardware. Furthermore, there was lack of official diagnostic studies provided in the review to indicate osteoarthritis upon x-ray or previous arthroscopy. Based on the above, the request for a right total knee replacement and removal of hardware is not supported. As such, the request is supported by the evidence based guidelines. Therefore, the request is not medically necessary.