

Case Number:	CM15-0218184		
Date Assigned:	11/10/2015	Date of Injury:	05/23/2013
Decision Date:	12/23/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/05/2015

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 was a 53-year-old male who sustained an industrial injury on 5/23/13. Injury occurred when he was carrying a large wall panel, tripped and fell backwards. During the fall, he twisted his left knee and the panel hit the medial aspect of the knee. Conservative treatment included medications, physical therapy, corticosteroid injection, bracing, weight loss, and activity modification. The 6/19/13 left knee MRI impression documented a technically limited examination due to body habitus. There was extensive abnormality involving the mid portion and posterior horn of the medial meniscus, consistent with extensive degenerative changes and tearing. There were extensive degenerative bone changes, most pronounced in the medial compartment. There was thinning of the lateral patellar facet hyaline cartilage, compatible with a chondromalacia patella. The 8/21/14 left knee x-ray impression documented moderate to severe tricompartmental osteoarthritis, most prominent in the medial compartment. There was complete obliteration of the medial joint space documented. Records documented the injured worker had participated in a Lindora weight loss program with over 80 pounds of weight loss as of 1/12/15. On 6/12/15, records documented height/weight consistent with a body mass index of 43.7, with continuing weight loss program noted. An 8/20/15 request for left total knee replacement indicated that the injured worker had lost enough weight to proceed with surgery. The 9/17/15 treating physician report cited persistent grade 7/10 left knee pain, increased with walking. He was not working. Left knee exam documented tenderness to palpation with positive Apley test and range of motion limited to 0-90 degrees. The treatment plan recommended left total knee replacement and continued medications (Norco, Naproxen, and omeprazole). Authorization was requested for left total knee replacement. The 10/27/15 utilization review non-certified the request for left total knee replacement as there was no history of subjective complaints or objective findings and no standing x-rays findings to support the medical necessity of this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left total knee replacement: Overturned

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations.

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), night-time joint pain, no pain relief with conservative care, documentation of functional limitations, age greater than 50 years, a body mass index (BMI) less than 40, and imaging findings of osteoarthritis. Guideline criteria have been met. This injured worker presents with persistent and function-limiting left knee pain, reported as constant and grade 7/10. Records indicated that the injured worker had participated in a Lindora weight loss program and had lost sufficient weight to proceed with surgery. Tenderness and limited motion to 90 degrees was noted on exam. There is x-ray evidence of moderate to severe tricompartmental osteoarthritis, with complete obliteration of the medial joint space. 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.