

Case Number:	CM15-0221074		
Date Assigned:	11/16/2015	Date of Injury:	09/04/2014
Decision Date:	12/29/2015	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	11/10/2015

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 is a 49-year-old male who sustained an industrial injury on 9/4/14, relative to a fall. Past surgical history was positive for a remote right knee anterior cruciate ligament (ACL) repair 30 years ago. Right knee x-rays on 9/5/14 documented the injured worker was status post ACL repair with no evidence of joint space or soft tissue abnormality. The 9/30/14 right knee MRI impression documented post-surgical changes from prior ACL repair with metallic susceptibility, complex tear involving the posterior horn of the body of the medial meniscus. There were degenerative changes in the posterior horn of the lateral meniscus. The ACL graft appeared intact. There was tendinosis of the posterior cruciate ligament. There was chondromalacia patella and chondromalacia of the femoral cartilage in both the medial and lateral compartments. There were post-surgical changes in the Hoffa's fat pad. He underwent bilateral L4/5 decompression and discectomy on 7/10/15. Records documented the injured worker's body mass index was 32.07 on 9/15/15. The 9/28/15 orthopedic report cited right knee complaints with recurrent instability. X-rays were obtained and showed bone-on-bone on the medial side and moderate osteoarthritis on thoracic lateral side. Right knee exam documented swelling and crepitus with flexion/extension. Previous exams had documented highly asymmetric KT 1000x. The overall complex of injury had changed. He had become more arthritic due to lack of stabilization of this knee. At this point, it was recommended to address both the anterior cruciate ligament insufficiency and degenerative joint disease with a total knee replacement. Authorization was requested for right total knee arthroplasty. The 11/5/15 utilization review non-certified the request for right total knee arthroplasty as the patient was 49

years old with no evidence of treatment with medications or injections, and there was no x-ray report to support the significant bone-on-bone development of arthritis in a year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total Right Knee Arthroplasty: 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 Chapter (Online Version), Knee joint replacement.

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), nighttime 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 not been met. This injured worker is 49 years and 2 months. He presents with right knee complaints, including recurrent instability, which preclude his return to work. Clinical exam findings have been reported consistent with anterior cruciate ligament insufficiency and degenerative joint disease. Body mass index is under 35. There is reported x-ray evidence of bone-on-bone arthritis in the medial compartment and moderate lateral compartment osteoarthritis. There is no documentation of nighttime joint pain or significantly limited range of motion. There is no documentation that this injured worker has exhausted all recent and reasonable conservative treatment for the right knee, including physical therapy, medications, bracing, and injections. Therefore, this request is not medically necessary at this time.