

Case Number:	CM15-0223594		
Date Assigned:	11/19/2015	Date of Injury:	08/30/2012
Decision Date:	12/30/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	11/13/2015

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 45-year-old female, who sustained an industrial injury on 8-3-2012. According to physician documentation, the injured worker was diagnosed with a tear of medial cartilage or meniscus of the left knee. Subjective findings dated 9-22-2015 and 10-20-2015 were notable for reports of left knee pain, with stiffness and swelling, stating, "Feels like glass grinding in knee cap". Objective findings dated 9-22-2015 and 10-20-2015 were notable for joint pain, muscle weakness and loss of strength. According to physician notes dated 1-26-2015, an MRI was performed of the left knee revealing an undersurface tear involving the posterior horn medial meniscus and complex tear of the body and anterior horn medial meniscus. Treatments to date have included, left knee arthroscopic medial meniscectomy, Percocet 10-325mg and Ibuprofen 600mg. The Utilization Review determination dated 10-5-2015 did not certify treatment/service requested for left knee total joint replacement and 3-day inpatient stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee total joint replacement: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter: Knee joint replacement.

Decision rationale: ODG criteria for a total knee arthroplasty include involvement of 2 compartments with osteoarthritis, conservative care including exercise therapy, supervised physical therapy and/or home rehabilitation exercises, and NSAIDs, Visco-supplementation, or steroid injections plus subjective clinical findings of limited range of motion less than 90 for a total knee arthroplasty and nighttime joint pain and no relief with conservative care and documentation of current functional limitations demonstrating necessity of surgery plus objective clinical findings of age over 50 and body mass index less than 40, and 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 documentation provided does not indicate a recent comprehensive non-operative treatment program, the injured worker is 45 years of age and there is no documentation of loss of range of motion or imaging evidence of loss of joint space in at least one compartment with involvement of at least 2 compartments by osteoarthritis. As such, the request for a total knee arthroplasty is not supported and the medical necessity of the request has not been substantiated.

Associated surgical service: In-patient 3 day stay: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.