

Case Number:	CM15-0031598		
Date Assigned:	02/24/2015	Date of Injury:	04/27/2012
Decision Date:	04/10/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/19/2015

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
 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 50 year old female who sustained an industrial injury on 4/27/12 involving a fall with injury to the left knee. Currently she complains of pain and discomfort in the right knee and left knees. Medications include Flector Patch, diazepam, Trazadone, hydrocodone-Acetaminophen. Diagnoses include morbid obesity; tricompartmental degenerative joint disease; right knee meniscal tear repair (928/12); bilateral anterior knee pain. Treatment for the industrial injury included arthroscopic evaluation, physical therapy, cortisone and viscosupplementation, anti-inflammatory medication and pain medications. Daignostics include x-ray of the left knee showing degenerative joint disease with arthritis, MRI left knee (3/24/14). In the progress note dated 1/29/15 the treating physician recommends total knee replacement due to the increasing pain and discomfort. On 2/9/15 Utilization review non-certified the requests for right knee arthroplasty; assistant surgeon; inpatient stay 3 days citing ODG: Knee and Leg Chapter: Indications for Surgery: Knee Arthroplasty; ODG: Low Back Chapter; ODG: Hospital length of Stay: Knee Replacement: Total Knee Replacement respectively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right total knee arthroplasty Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, 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, Knee and Leg, Arthroplasty.

Decision rationale: CA MTUS/ACOEM is silent on the issue of total knee replacement. 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. In addition the patient should have a BMI of less than 35 and be older than 50 years of age. There must also be findings on standing radiographs of significant loss of chondral clear space. The clinical information submitted demonstrates insufficient evidence to support a knee arthroplasty in this patient. There is no documentation from the exam notes from 1/29/15 of increased pain with initiation of activity or weight bearing. There are no records in the chart documenting when physical therapy began or how many visits were attempted. There is no evidence in the cited examination notes of limited range of motion less than 90 degrees. There is no formal weight bearing radiographic report of degree of osteoarthritis. Therefore, the guideline criteria have not been met and the determination is for non-certification.

Associated surgical service: Assistant surgeon Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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.

Associate surgical service: Inpatient stay (days) Qty: 3.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Hospital length of stay guidelines: Knee Replacement.

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.