

Case Number:	CM15-0046799		
Date Assigned:	03/19/2015	Date of Injury:	04/09/2010
Decision Date:	05/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/12/2015

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 48 year old female, who sustained a work/ industrial injury on 4/9/10. She has reported initial symptoms of right knee pain. The injured worker was diagnosed as having severe degenerative joint disease of the right knee. Treatments to date include medication, surgery (arthroscopy right knee for meniscus tear, failed 2 prior anterior cruciate ligament reconstructions), knee brace, and injections. X-ray's reported degenerative joint disease (DJD) of the lateral compartment with large lateral osteophytes, irregularity and Fairbank's changes of the chondral surfaces, and severe narrowing. The medial compartment is mildly involved. The patellofemoral joint is severely involved with large patellar osteophytes and narrowing. Currently, the injured worker complains of pain in the right knee with chronic instability. The treating physician's report (PR-2) from 2/25/15 indicated, per exam, severe crepitus, instability and catching with extension, positive pivot shift, 3+ anterior drawer and 3+ Lachman's. There is severe lateral compartment degeneration and pain. A staged anterior cruciate ligament reconstruction will not be of benefit due to the severe osteoarthritis. Treatment plan therefore includes a Right total knee arthroplasty and Inpatient length of stay 1 day. Utilization review non-certified the request because of age and absence of a recent physical therapy program. This is now appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right total knee arthroplasty: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Section: Knee, Topic: Total Knee arthroplasty.

Decision rationale: Official Disability Guidelines indications for a total knee arthroplasty include involvement of 2 of the 3 compartments by osteoarthritis, conservative care including exercise therapy (supervised PT and/or home rehabilitation exercises) and medications, NSAIDs or Viscosupplementation injections or steroid injections plus subjective clinical findings of limited range of motion and no pain relief with conservative care and documentation of current functional limitations demonstrating necessity of intervention plus objective clinical findings of age over 50 and body mass index less than 40 plus 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 and indication with additional strength) or previous arthroscopy documenting advanced chondral erosion or exposed bone. In this case there is severe involvement of at least the lateral compartment and patellofemoral joint by osteoarthritis. The injured worker has had sufficient conservative treatment although a recent physical therapy program is not documented. In light of the severe instability and catching with extension, additional physical therapy at this time is not likely to be of benefit. She has had corticosteroid injections and viscosupplementation which did not help. The subjective clinical findings are severe. The objective finding of osteoarthritis which is severe in at least one of the 3 compartments (the lateral compartment). She does not meet the requirement of age over 50 and is 48 years old at this time. However, based upon the degree of the reported symptoms, functional limitations, and disability with catching on extension and difficulty with ambulation due to instability and chronic pain, she meets most of the guideline indications for a total knee arthroplasty. In light of the documented severe disability, an exception can be made with regard to the age. As such, the request for a total knee arthroplasty is supported and the medical necessity of the request has been substantiated. This request is medically necessary.

Inpatient length of stay 1 day: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Replacement.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Section: Knee, Topic: Hospital length of stay.

Decision rationale: Official Disability Guidelines indicate best practice target of 3 days for a total knee arthroplasty. The requested 1 day stay is within the guideline recommendations. Medical necessity is established. Therefore, this request is medically necessary.