

Case Number:	CM15-0046853		
Date Assigned:	03/19/2015	Date of Injury:	06/08/2011
Decision Date:	04/24/2015	UR Denial Date:	02/25/2015
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: 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:

The injured worker is a 50-year-old male who sustained an industrial injury on 6/8/11. Injury occurred when he fell off a platform and injured his right knee. Past surgical history was positive for multiple knee arthroscopies, including right knee arthroscopy, synovectomy and discovery of a single bundle injury to the anterior cruciate ligament (ACL) on 1/19/12. A 1/24/14 right knee MRI demonstrated prominent grade II intrameniscal signal involving the posterior horn of the medial meniscus, mild ACL sprain, and subtle osteochondral defect involving the articular cartilage and subchondral bone of the medial femoral condyle articular surface. A right knee arthroscopic chondroplasty was performed on 4/11/14. Conservative treatment included physical therapy, non-steroidal anti-inflammatory drugs (NSAIDs), work modifications, bracing, viscosupplementation injections, and corticosteroid injection. The 1/26/15 right knee MRI impression documented minimal lateral meniscus tear extending through the inferior surface of the posterior horn. Findings documented the ligaments and tendons were intact. There was no evidence for acute displaced fracture or dislocation, and the bone marrow signals were within normal limits. There was a small quantity of joint fluid collection noted, and mild soft tissue swelling. No other findings were reported. The 1/29/15 treating physician report cited constant right knee pain that was improving with laser therapy, prescription medication, and topical creams. Pain was 2/10 to 3-4/10, best in the mornings and increased with moving around, walking, squatting, and during prolonged standing. He reported weakness and swelling. He was using a brace. Calculated body mass index was less than 31. Physical exam documented 2/4 pain to palpation over the medial, suprapatellar, and infrapatellar regions, range of motion -5 to 135

degrees, and antalgic gait favoring the right leg. Apley's grind was positive producing medial pain, and medial collateral ligament varus deviation produced medial collateral ligament pain. The treatment plan recommended continued NSAIDs and topical cream. MRI findings and an orthopedic consult were pending. The 2/3/15 initial orthopedic report indicated that the patient had been diagnosed with grade III tricompartmental chondromalacia, and had undergone multiple chondroplasty procedures including the patella and femoral condyles. He had bilateral knee pain, right worse than left. Physical exam documented bilateral knee flexion/extension 0-130 degrees with 5/5 lower extremity strength. There was tenderness to palpation over the medial and lateral joint lines of both knees. MRI of the right knee was reviewed and showed tricompartmental chondromalacia, about grade III. The injured worker had failed conservative treatment with anti-inflammatories, physical therapy, and multiple arthroscopies, and had significant cartilage loss. Authorization for right total knee replacement was requested. The 2/25/15 utilization review non-certified the request for right total knee replacement as there was no documentation of subjective or objective findings consistent with osteoarthritis, no imaging evidence of severe osteoarthritis, and no documentation of adequate conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Total Knee Replacement: Overturned

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

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, and a body mass index (BMI) less than 40. Additionally, criteria include evidence of osteoarthritis on standing x-rays (documenting significant loss of chondral clear space in at least one of the three compartments, with varus or valgus deformity an indication with additional strength). or previous arthroscopy (documenting advanced chondral erosion or exposed bone, especially if bipolar chondral defects are noted). Guideline criteria have been met. This patient presents with persistent right knee pain that is functionally limiting. Clinical exam findings are consistent with imaging evidence of significant tricompartmental degenerative disease. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.