

Case Number:	CM15-0054392		
Date Assigned:	03/27/2015	Date of Injury:	08/06/2010
Decision Date:	05/11/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/23/2015

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 52 year old male, who sustained a work/ industrial injury on 8/6/10. He reported initial symptoms of bilateral knee pain. The injured worker has osteoarthritis of both knees. He is status post right unicompartmental knee arthroplasty on 3/19/2014 with some continuing pain. Treatments to date for the left knee included medication, and injections, physical therapy, and activity modification. The left knee pain is reported to be 8/10. MRI and X-rays show tricompartmental osteoarthritis. Currently, the injured worker also complains of lumbar spine pain 5/10 that is intermittent and radiates to ball of the left foot to the toes. There is right knee pain 5-6/10 and he cannot kneel on that knee. He has difficulty with stairs, squatting, and kneeling. The treating physician's report (PR-2) from 10/29/14 indicated a mildly antalgic gait. The right knee has edema and positive atrophy of the right thigh. Left knee has tenderness and painful limited range of motion. Treatment plan included Left total knee replacement. The request was noncertified by UR for absence of a BMI which has now been provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left total knee replacement: 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 procedure, Kneed joint replacement, arthroplasty.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Knee Replacement.

Decision rationale: ODG indications for a total knee arthroplasty include 2 of the 3 compartments are affected, evidence of conservative care with exercise therapy and medications or injections plus subjective clinical findings of limited range of motion and nighttime joint pain 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 of less than 40, and imaging clinical findings of osteoarthritis on standing x-rays 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. The injured worker meets the criteria of 2 of the 3 compartments affected by osteoarthritis, evidence of conservative care, subjective clinical findings of limited range of motion and nighttime joint pain, functional limitations, age over 50 and body mass index of 35.1, and imaging clinical findings of osteoarthritis on standing x-rays documenting significant loss of chondral clear space (2 mm) in the medial compartment with varus deformity of the left knee. As such, the request for a left total knee arthroplasty is medically necessary and the request has been substantiated.