

Case Number:	CM15-0054516		
Date Assigned:	03/27/2015	Date of Injury:	11/12/2007
Decision Date:	05/07/2015	UR Denial Date:	02/23/2015
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 65 year old male, who sustained an industrial injury on 11/12/2007. He has reported injury to the right knee. The diagnoses have included right knee degenerative arthritis; and status post right knee arthroscopy with partial, medial, and lateral meniscectomy. He did not improve after the surgery due to the presence of osteoarthritis and his medial compartment became bone on bone on subsequent x-rays associated with a varus deformity. He also developed a foot drop, the etiology of which is not clear. Treatment to date has included medications, diagnostics, bracing, injections, physical therapy, and surgical intervention. Currently, the injured worker complains of continued right knee pain to the point where it is affecting his overall quality of life, ability to walk, and exercise. Objective findings included slight varus-appearing right knee; foot-drop; good extension and flexion; small effusion; and mild patellofemoral crepitus. The treatment plan has included MRI of the lumbar spine and then scheduling his right total knee replacement. The request is for right total knee arthroplasty; and 3 inpatient days. The request was non-certified by Utilization Review for absence of a radiology report demonstrating 2 compartment osteoarthritis. ODG guidelines were cited.

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: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Knee Joint Replacement, Indication 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 (ODG), Knee, Knee Replacement.

Decision rationale: ODG indications for total knee arthroplasty include 2 of the 3 compartments are affected, conservative care with exercise therapy and medications or Viscosupplementation or corticosteroid 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 with significant loss of chondral clear space on at least one of the 3 compartments with varus or valgus deformity an added strength indication. The documentation provided does not include radiology reports. However, the progress notes indicate that the medial compartment is bone-on-bone with only 1 mm of joint space left. There is associated varus deformity. The progress notes also indicate a crepitus in the patellofemoral joint with range of motion. The official radiology report and the prior operative report have not been submitted but documentation also indicates that a total knee arthroplasty was approved in the past. A degenerative tear of the lateral meniscus had been partially resected in the past indicating lateral compartment involvement. The patellofemoral crepitus indicates patellofemoral compartment involvement. Following certification of the requested total knee arthroplasty in the past, the injured worker elected to change the surgeon which delayed the procedure. He clearly has the indications for surgery. His surgery has been postponed long enough and the absence of a radiology report or prior surgery report does not constitute enough grounds to delay his surgery further. He meets the guideline requirements for a total knee arthroplasty. As such, the request for a total knee arthroplasty is supported and the medical necessity of the request has been substantiated.

3 Inpatient days: Overturned

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 & Leg, Hospital Length of stay (LOS), Knee Replacement.

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

Decision rationale: The requested 3 day in-patient hospital stay is supported by ODG guidelines and as such, the medical necessity is established.

