

Case Number:	CM15-0056909		
Date Assigned:	04/01/2015	Date of Injury:	08/08/2013
Decision Date:	05/05/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/25/2015

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 was a 63-year-old male, who sustained an industrial injury on 8/8/13, relative to a fall at work, landing on both knees and outstretched arms. Past surgical history was positive for left knee and bilateral shoulder surgeries, and right knee arthroscopic surgeries in 1994 and 2005. Right knee x-rays on 8/20/13 documented moderate medial compartment, mild lateral compartment, and moderate patellofemoral compartment osteoarthritis. The 1/23/14 right knee MRI impression documented extensive degenerative osteophytosis involving both femoral condyles and tibial plateaus, as well as the patella. Findings documented evidence that the injured worker was status post subtotal medial meniscectomy. There were extensive hyaline cartilage defects over the medial and lateral femoral condyles. There was small joint effusion and narrowing of the medial compartment. There was narrowing of the patellofemoral joint space secondary to osteophytes arising from the femoral condyles. Conservative treatment included viscosupplementation injections to both knees in April 2014. The patient underwent left total knee arthroplasty on 12/4/14. Subsequent records have focused on post-operative evaluation and treatment of the left knee. The 3/2/15 treating physician report indicated that the right knee was becoming worse. Physical exam documented left knee range of motion 0-100 degrees and ability to ambulate with a cane. The treating physician report indicated that right total knee replacement had been recommended by the agreed medical examiner, but he did not have that report. The treatment plan recommended continued post-op physical therapy. The 3/12/15 utilization review non-certified the request for right total knee arthroplasty as there were no current objective physical exam findings, body mass index less than 40, or current x-ray reports.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right total knee replacement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee Chapter.

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, a body mass index (BMI) less than 40, and standing x-rays with findings of significant osteoarthritis. Guideline criteria have not been met. This patient presents with worsening right knee pain. There is MRI evidence of extensive degenerative changes in the right knee. However, there are no current physical exam findings, functional assessment, or body mass index. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial for the right knee and failure has not been submitted. Current standing x-rays are not documented in the provided records. Therefore, this request is not medically necessary at this time.