

Case Number:	CM15-0084455		
Date Assigned:	05/06/2015	Date of Injury:	07/19/2012
Decision Date:	06/05/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/01/2015

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: California, Indiana, Oregon
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 53 year old male, who sustained an industrial injury on 7/19/2012. Diagnoses include left knee pain and left knee sprain/strain. Treatment to date has included surgical intervention, diagnostics, medications, aquatic therapy and modified work. Per the Primary Treating Physician's Progress Report dated 3/16/2015, the injured worker reported intermittent, moderate, dull, sharp, achy left knee pain, stiffness and weakness. Physical examination of the left knee revealed decreased, painful ranges of motion and 3+ tenderness to palpation of the anterior, lateral, medial and posterior knee. McMurray's sign was positive. The plan of care included aquatic therapy, physical therapy, TENS unit and diagnostics. Authorization was requested for total arthroplasty left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total arthroplasty to the left knee: Upheld

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 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.

Decision rationale: CA MTUS/ACOEM is silent on the issue of total knee replacement. According to the Official Disability Guidelines regarding Knee arthroplasty: Criteria for knee joint replacement which includes conservative care with subjective findings including limited range of motion less than 90 degrees. In addition the patient should have a BMI of less than 35 and be older than 50 years of age. There must also be findings on standing radiographs of significant loss of chondral clear space. The clinical information submitted demonstrates BMI is 54. Therefore the guideline criteria have not been met and the determination is not medically necessary.