

Case Number:	CM15-0085934		
Date Assigned:	05/08/2015	Date of Injury:	12/02/2004
Decision Date:	06/09/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/05/2015

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 65-year-old female, who sustained an industrial injury on December 2, 2004 while working as a sales attendant. The mechanism of injury was a fall in which the injured worker twisted her left knee. The injured worker has been treated for left knee complaints. The diagnoses have included left knee meniscal tear, failed left total knee and left knee mid-flexion varus valgus. Treatment to date has included medications, radiological studies, physical therapy, bracing, left knee arthroscopy in 2005, total left knee replacement in 2009 and left patellar resurfacing in 2011. Current documentation dated March 27, 2015 notes that the injured worker reported left knee pain, instability and clicking of the knee. The injured worker requires a cane for ambulation. Examination of the left knee revealed tenderness, instability and a decreased range of motion. Neurologic examination revealed normal strength and sensation of the lower extremities. The treating physician's plan of care included a request for a left knee revision replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee revision replacement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AAOS Clinical Guidelines on Osteoarthritis of the Knee Official Disability Guidelines.

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. In this case, the notes from 3/27/15 show clinical assessment of mi-flexion instability without stress x-ray. Further, in this case, the BMI is 44 and therefore criteria are not satisfied. Revision arthroplasty in this case is not medically necessary.