

Case Number:	CM15-0086911		
Date Assigned:	05/11/2015	Date of Injury:	07/24/1998
Decision Date:	06/22/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/06/2015

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:

This 58 year old male sustained an industrial injury to the neck and bilateral knees on 7/25/98. Previous treatment included magnetic resonance imaging, bilateral knee arthroscopic surgeries, bilateral carpal tunnel release surgery, epidural steroid injections, facet block injections and medications. No recent magnetic resonance imaging was available for review. Past medical history was significant for gastric bypass, morbid obesity, obstructive sleep apnea, hypertension and diabetes mellitus. In an orthopedic evaluation dated 1/21/15, the injured worker complained of left knee stiffness and inability to bear weight with deformity. The injured worker was anxious to undergo left total knee replacement. The injured worker was unable to do any prolonged weight bearing, squatting, kneeling or climbing. Physical exam was remarkable for left knee with a 2-3+ effusion, marked valgus deformity and restricted range of motion with significant crepitus upon range of motion. The injured worker ambulated with an antalgic gait with a brace intact. Current diagnoses included end stage left knee valgus osteoarthropathy. The treatment plan included left total knee replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left total knee replacement as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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 BMI is 35.6 on 2/17/15 exam note. There is no documentation of the type of conservative care and there is no x-ray evidence of significant chondral loss as there are no x-rays submitted for review. Based on the multiple factors above, the request is not medically necessary.