

Case Number:	CM14-0136822		
Date Assigned:	09/18/2014	Date of Injury:	01/13/1982
Decision Date:	10/27/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/25/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient has a date of injury of January 13, 1982. The patient has chronic left knee pain. He is a 59 year old male. He had left knee arthroscopy in 2006. He had an additional left knee arthroscopy in 2007. He had left knee arthroscopy with synovectomy and partial meniscectomy in 2010. He continues to have chronic knee pain. Is diagnosed with osteoarthritis. The most recent MRI of 2013 shows medial meniscal changes and some arthritis in each compartment but no compartment is described as having severe arthritis. At issue is whether unicompartmental knee replacement is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

(L) knee medial compartment unicompartmental arthroplasty procedure (outpatient surgery): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS hip and knee chapter, ODG hip chapter

Decision rationale: The patient does not meet MTUS and ODG criteria for unicompartmental knee replacement. Specifically, the imaging studies do not document severe osteoarthritis in any compartment. Also, there is mild arthritis in all 3 compartments on MRI. Unicompartmental knee replacement is appropriate when only one knee compartment has severe arthritis. This patient has documentation of meniscal tear and has had multiple arthroscopic procedures since the date of injury over a decades ago. Established criteria for unicompartmental knee replacement not met because the patient does not have monoarthritis which is arthritis and only a single compartment of the knee that is severe.