

Case Number:	CM14-0142040		
Date Assigned:	10/23/2014	Date of Injury:	09/16/2013
Decision Date:	12/10/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/02/2014

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 Family Medicine and is licensed to practice in Arizona. 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 is a 65 year old female with a date of injury on 9/16/2013. Subjective complaints are of knee pain. A physical exam showed medial right knee joint line tenderness, decreased range of motion, and a positive McMurray's test. The patient is morbidly obese with a BMI of 40.6. The patient had received a cortisone injection. An X-ray of the right knee on 12/13/2013 showed degeneration, and medial knee joint space narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right total knee arthroplasty: 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 and Leg Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Knee Joint Replacement

Decision rationale: The ODG states that criteria for consideration for total knee arthroplasty include: Evidence of prior conservative care including medications and viscosupplementation, or steroid injections. Plus, subjective clinical findings of limited range of motion, nighttime joint

pain, and no pain relief with conservative care. There must also be objective clinical findings of over 50 years of age and Body Mass Index of less than 35, plus osteoarthritis documented on x-ray or arthroscopy. For this patient, submitted documents are not clear if the patient has failed conservative treatment including anti-inflammatories, viscosupplements, or ambulatory assistance devices. Furthermore, the patient is overweight with a BMI of 40.6. Therefore, the request for knee arthroplasty is not consistent with guideline recommendations, and the medical necessity is not established.