MAXIMUS Federal Services

Case Number:	CM14-0143331		
Date Assigned:	09/10/2014	Date of Injury:	04/23/2013
Decision Date:	10/10/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/04/2014

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 California. 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 claimant is a 57-year-old gentleman who was injured in a work related accident on 04/23/13. The claimant fell as he stepped down off a dock and felt an acute pop in the right knee and right hip. The clinical records provided for review included the 08/05/14 progress report noting continued right hip and knee pain. Objective findings on examination revealed an antalgic gait pattern and no other clinical findings. The working diagnosis was status post knee arthroscopy with partial medial meniscectomy and impingement of the right hip. Reviewed at that time was an MRI scan of the knee documented to show medial compartment marrow edema with a small joint effusion but no recurrent meniscal tearing from 12/09/13. An MRI of the right hip performed 02/10/14 was noted to show arthrosis with cartilage loss and a chronic degenerative appearance to the labrum. Because the claimant continued to be symptomatic, the recommendation was made for both a total hip arthroplasty and total knee arthroplasty of the right lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total knee Arthroplasty Right 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 and Leg

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. When looking at Official Disability Guidelines, the request for a right total knee arthroplasty would not be indicated. The medical records, document that the claimant has presented with both knee and hip complaints for which arthroplasty is being recommended for both joints. There is a lack of documentation of plain film radiographs or imaging evidence of advanced underlying degenerative change to support the requested surgery. The imaging only showed evidence of mild edematous change to the medial compartment on recent MRI with no recent plain film radiographs reviewed. There is also a lack of documentation of conservative care including no documentation of recent viscosupplementation or corticosteroid injections. There is also no documentation of the claimant's current body mass index. This information would be necessary to meet the Official Disability Guidelines that recommend a body mass index of less than 35, treatment with conservative care to include at least medications and viscosupplementation or steroid injections, and osteoarthritis evidence on standing x-rays. Given the claimant's multiple joint complaints and lack of the above documentation, the request for a total right knee arthroplasty is not recommended as medically necessary.