

Case Number:	CM14-0163150		
Date Assigned:	10/08/2014	Date of Injury:	04/24/2014
Decision Date:	11/12/2014	UR Denial Date:	09/28/2014
Priority:	Standard	Application Received:	10/03/2014

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:

62-year-old female claimant with an industrial injury dated 04/24/14. MRI of the right knee dated 07/29/14 reveals moderate to severe osteoarthritis involving the lateral joint compartment with mild medial and patellofemoral compartment osteoarthritis, partial maceration of the posterior horn and body of the lateral meniscus with partial extrusion of the body and a displaced meniscal fragment extending superiorly into the superior coronary recess, trace knee effusion and a small baker's cyst containing a small loose body. Conservative treatments have included medications, a cortisone injection, rest and ice all providing moderate relief. Exam note 09/10/14 states the patient returns with right knee pain. Upon physical exam there was tenderness surrounding the lateral joint line. There was no effusion or swelling present. The patient demonstrated normal sensation and the anterior/posterior drawer tests were negative. Range of motion revealed a 0° extension, and 100° flexion. The patient had negative varus and valgus test with valgus alignment. Diagnosis is noted as osteoarthritis of the knee. Treatment includes a right total knee arthroplasty.

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: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-4.

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

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. The clinical information submitted demonstrates insufficient evidence to support a knee arthroplasty in this patient. There is no documentation from the exam notes from 9/10/14 of increased pain with initiation of activity or weight bearing. There are no records in the chart documenting when physical therapy began or how many visits were attempted. There is no evidence in the cited examination notes of limited range of motion less than 90 degrees. There is no formal weight bearing radiographic report of degree of osteoarthritis. Therefore the guideline criteria have not been met and the right Total Knee Arthroplasty is not medically necessary and appropriate.