MAXIMUS Federal Services

Case Number:	CM14-0176663		
Date Assigned:	10/29/2014	Date of Injury:	01/07/2009
Decision Date:	12/08/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/24/2014

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 Occupational Medicine 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:

Injured worker (IW) is a 53 year old male who sustained an industrial injury to the right knee on 01/07/09 when he fell down stairs. Right knee MRI revealed a medial meniscus tear and he is status post (s/p) arthroscopic meniscectomy in 2011. Since that time he has complained of residual right knee pain and swelling, as well as compensatory pain in the left knee. Conservative treatment has included medications, physical therapy, and multiple sets of steroid and viscosupplementation injections. 05/21/14 orthopedic re-evaluation note stated that MRI of the left knee performed 04/17/14 showed grade III medial compartment osteoarthritis and mucoid degeneration of the anterior cruciate ligament (ACL). Right knee pain continued to be worse than left. IW was wearing a right knee unloader brace. On examination of the right knee, there was patellofemoral tenderness and crepitation, trace medical joint line tenderness, trace effusion, and range of motion of 0 to 130 degrees. 06/26/14 IW received a second opinion evaluation for right knee pain. IW reported worsening pain, with limitations with walking, exercise, stairs, work, and recreational activities. He walked with a limp. He reported some swelling and locking, but no giving out. On exam gait was minimally antalgic. Right knee medial joint line tenderness was noted. Flexion was to 120 degrees and extension was full. X-rays of the knees revealed well maintained tricompartmental joint spaces. Examiner stated that pain was out of proportion to physical findings. Examiner did not recommend joint replacement surgery, but stated that if exposed bone was noted per MRI or by arthroscopic evaluation that IW may be a candidate for cartilage preservation or restoration. Examiner recommended return to his primary treating physician (PTP) for re-evaluation for ongoing conservative and/or lesser operative intervention. 07/30/14 re-evaluation per PTP stated that at time of 2011 surgery IW was noted to have grade II osteoarthritis of the medial compartment and behind the kneecap. IW continued to be symptomatic. PTP stated that 2nd opinion examiner had felt IW was too young

to undergo knee replacement. Right knee physical exam findings were unchanged. Following attempted return to full duty in July 2014 IW reported exacerbation of pain and swelling in the right knee. 08/18/14 right knee CT scan was noted to show mild medial joint space narrowing with mild medial compartment degenerative changes and small effusion. 09/17/14 office note stated that IW was unable to stand for more than 1-2 hours at a time, while his job required him to stand for at least 12 hours. PTP stated that he felt IW was a possible candidate for knee replacement surgery, and requested evaluation by a 3rd orthopedist.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Consult for 3rd opinion with a specialist for total knee replacement ofr the right knee: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Knee joint replacement

Decision rationale: ACOEM Guidelines recommends surgical consultation for patients with activity limitations for more than one month and failure of increased range of motion and strength with exercise programs. Documented complaints include ongoing pain and functional deficits despite previous arthroscopy and conservative treatments, which prevent IW from returning to his usual job duties. ODG recommends total knee arthroplasty (TKA) for patients who meet specific criteria, noting that "total knee arthroplasties are well accepted as reliable and suitable surgical procedures to return patients to function." The previous second opinion recommendation against total knee replacement appears to have been at least partially based upon normal appearing right knee x-rays. However, a more recent right knee CT scan did reveal evidence of medial compartment osteoarthritic changes, and PTP office notes indicate that similar findings were identified at time of IW's arthroscopy in 2011. The previous second opinion recommendations included further conservative treatment and/or a more conservative surgical procedure. Due to the newer imaging information and conflicting opinions between PTP and 2nd opinion examiner concerning surgical considerations in this case, a 3rd orthopedic opinion is reasonable in order to clarify IW's treatment options. Medical necessity is established for the requested one consult for 3rd opinion with a specialist for total knee replacement of the right knee.