

Case Number:	CM14-0097016		
Date Assigned:	07/28/2014	Date of Injury:	01/04/2011
Decision Date:	09/25/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/25/2014

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, has a subspecialty in Spine Surgery and is licensed to practice in South Dakota. 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 injured worker is a 46 year old female who was injured on January 4, 2011 she felt a pop in her knee. The mechanism of injury is unknown. The diagnoses listed as sprain of knee. The injured worker was originally diagnosed with a meniscal tear and treated conservatively with medication, bracing, restrictions, and physical therapy. Subsequently underwent surgical treatment on 6/16/11. Postoperatively was prescribed medication and physical therapy, repeat MRI and psychology consultation. At that time she was released to return to work on sedentary status. The most recent progress note dated 5/2/14, reveals complaints of intermittent right knee pain made worse with activities of daily life. Right knee exam noted an effusion, crepitus with range of motion, lateral joint line tenderness; tenderness to the medial lateral patella, motion is restricted with flexion 9 degrees and extension having a 15 degree lag, and moderate tricompartmental osteoarthritis was noted on MRI dated 1/23/12. At that time a total knee arthroplasty was recommended on 8/1/13. Prior treatment includes medications, and Synvisc injections on 10/28/13 which provided significant benefit on a temporary basis. A prior utilization review determination dated 6/4/14 resulted in denial of right total knee replacement arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Total Knee Replacement Arthroplasty: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Knee Joint Replacement.

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

Decision rationale: MTUS does not address total knee arthroplasty. ODG states "...it does not appear justified to give low priority to obese subjects for total knee arthroplasty..." and "...total knee replacements provide an important improvement for patients with a high Body Mass Index (BMI)." The records reveal no other health conditions that would cause her high BMI to pose elevated risks for post-op complications. Medically necessity has been established.