

Case Number:	CM14-0163997		
Date Assigned:	10/08/2014	Date of Injury:	09/18/2006
Decision Date:	03/12/2015	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/06/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 68-year-old female who reported an injury on 09/18/2006. The injured worker reportedly suffered a crush injury to the right ankle and foot by a falling table. The current diagnosis is right knee arthritic changes status post arthroscopic debridement. The injured worker is noted to be status post right knee partial lateral meniscectomy and chondroplasty with intra-articular injection of Marcaine on 05/29/2014. Prior conservative treatment includes physical therapy, injections and medication management. The injured worker presented on 08/05/2014 with complaints of persistent right knee pain and swelling. The injured worker also reported difficulty walking and performing activities of daily living. Upon examination, there was slight valgus and flexion contracture of the right knee with painful flexion. Recommendations included a right total knee arthroplasty. A Request for Authorization form was then submitted on 08/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Surgery: 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 Indications for Surgery - Knee Arthroplasty

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

Decision rationale: The Official Disability Guidelines recommend a knee joint replacement if there are 2 out of 3 compartments affected. Conservative treatment should include exercise therapy and medication. There should be imaging evidence of osteoarthritis. According to the documentation provided, the injured worker has exhausted conservative treatment. However, there was no documentation of a significant functional limitation upon examination. There were no x-rays or imaging studies provided for this review, corroborating a diagnosis of osteoarthritis. Given the above, the request is not medically appropriate.