

Case Number:	CM14-0216234		
Date Assigned:	01/06/2015	Date of Injury:	10/09/2012
Decision Date:	03/10/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 44 year old female who sustained a work related injury to her left knee on 10/09/2012. The mechanism of injury was not provided. A progress report dated November 18, 2014 notes that the injured worker continued to have bilateral knee pain, worse on the left side. Physical examination of the knees revealed tenderness in the peripatellar areas. Weight bearing elicited some mild knee pain which was minimal. Neurologic examination was intact. Patellar compression test was positive bilaterally for pain. The injured worker was taking Ultram as need for pain. She was unable to tolerate anti-inflammatory medications due to gastrointestinal upset. Diagnoses include patellofemoral chondromalacia bilaterally and a small chondral fissure near the lateral left patella facet. Prior treatment has included a left knee Synvisc injection on April 9, 2014, which significantly improved the medial and lateral portions of the hinge of the joint of her left knee, but not the anterior aspect of the knee. There was mild left patellofemoral crepitus noted. The injured workers gait was noted to be mildly antalgic. Work status was modified with restrictions. The treating physician requested a left knee arthroplasty of the patella with prosthesis and a one day inpatient stay. Utilization Review evaluated and denied the request on December 12, 2014. The request was denied due to not meeting ACOEM, Knee Disorders evidenced -based guidelines. There is a high risk for revision surgery due to this injured workers young age. The guidelines recommend surgery for severe knee degenerative joint disease that is unresponsive to non-operative treatment, sufficient symptoms, functional limitations and failure to successfully manage symptoms after a prolonged period of conservative management. The request was deemed not medically necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroplasty of patella with prosthesis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg, Arthroplasty

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 consist of 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 11/18/14 of significant 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 determination is for non-certification.

Associated Surgical Services: One day inpatient stay: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg, Length of stay

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.