

Case Number:	CM14-0097767		
Date Assigned:	09/19/2014	Date of Injury:	09/19/2012
Decision Date:	01/13/2015	UR Denial Date:	06/20/2014
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 and is licensed to practice in Minnesota. 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 59 year old male with evidence of osteoarthritis of both knees. The date of injury is 09/19/2012. He has failed conservative care, has subjective clinical findings of pain not relieved by conservative measures and has functional limitations necessitating surgical intervention. He underwent arthroscopy of the right knee on 12/20/2012 which confirmed the presence of osteoarthritis. Imaging studies have included X-rays, CT and MRI. He has evidence of severe osteoarthritis of the medial compartment of the right knee and moderate osteoarthritis of the patellofemoral joint. Imaging of the left knee revealed moderate osteoarthritis of the medial compartment and mild to moderate osteoarthritis of the patellofemoral joint. His body mass index is less than 40; his age is over 50 and he meets the criteria for total knee arthroplasties of both knees at this time. The disputed issue was the request for partial knee replacement (unicompartmental arthroplasty) of both knees. In light of the presence of significant patellofemoral arthritis in addition to the medial compartment arthritis in both knees, the guidelines recommend a total knee arthroplasty rather than a unicompartmental knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Partial knee replacement of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) 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, Knee Joint replacement, Indications for surgery.

Decision rationale: The ODG guidelines are very specific about the indications for a unicompartmental or partial knee replacement versus a total knee arthroplasty. If only one compartment is affected a unicompartmental or partial knee replacement may be considered. However, if 2 of the 3 compartments are affected, a total knee replacement is indicated. The worker meets the other criteria including conservative care, subjective clinical findings, functional limitations, objective clinical findings, age over 50, BMI less than 40, and evidence of osteoarthritis on the imaging studies. In light of the presence of osteoarthritis in the medial compartments and patellofemoral joints the guidelines recommend total knee arthroplasties. The request for partial knee replacement for both knees is therefore not medically necessary per guidelines.

Partial knee replacement of the right knee: Upheld

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

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

Decision rationale: The ODG guidelines are very specific about the indications for a unicompartmental or partial knee replacement versus a total knee arthroplasty. If only one compartment is affected a unicompartmental or partial knee replacement may be considered. However, if 2 of the 3 compartments are affected, a total knee replacement is indicated. The worker meets the other criteria including conservative care, subjective clinical findings, functional limitations, objective clinical findings, age over 50, BMI less than 40, and evidence of osteoarthritis on the imaging studies. In light of the presence of osteoarthritis in the medial compartments and patellofemoral joints the guidelines recommend total knee arthroplasties. The request for partial knee replacement for both knees is therefore not medically necessary per guidelines.