

Case Number:	CM15-0001762		
Date Assigned:	01/12/2015	Date of Injury:	11/06/2012
Decision Date:	03/11/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/05/2015

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: Pennsylvania

Certification(s)/Specialty: Internal 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 55 year old female who sustained an industrial injury on November 6, 2012. She has reported right knee pain and has been diagnosed with joint pain, knee, and osteoarthritis of the knee. Additional medical history included morbid obesity status post gastric surgery, depression, and anemia. Treatment to date has included surgical intervention, physical therapy, pain management, and visco supplementation injections. The injured worker had undergone right knee arthroscopy with medial and lateral meniscectomies, synovectomy of medial gutter and intercondylar notch area on 2/11/14. The progress note of 11/10/14 documented that the injured worker had improvement in swelling but that pain has been ongoing and rated at 3 out of 10 in severity. She denied popping, locking, or instability. Medications included Celebrex, alprazolam, norco, lyrica, prioxicam, zolpidem, and meloxicam. Body mass index was 47. Examination showed tenderness to palpation throughout the knee, more significant in the medial compartment, with no effusion, and range of motion 1-120. The treatment plan included surgical intervention due to ongoing pain, progressive pain throughout the day, pain with weight bearing activities, and inability to return to the working environment. On December 17, 2014 Utilization Review non certified CT scan right knee and right total knee arthroplasty noting the Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 ODG, Knee and Leg Joint Replacement

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): p.343. Decision based on Non-MTUS Citation knee/leg chapter: knee joint replacement

Decision rationale: The MTUS states that referral for surgical consultation maybe indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. The ODG notes the criteria for total joint replacement include prior conservative care including exercise therapy and medications or viscosupplementation, plus subjective clinical findings of limited range of motion less than 90 degrees and nighttime joint pain and no pain relief with conservative care and documentation of current functional limitations demonstrating necessity of intervention, plus objective clinical findings of age over 50 and body mass index of less than 40, plus standing x-ray documenting significant loss of chondral clear space in at least one of the three compartments with varus or valgus deformity or previous arthroscopy documenting advanced chondral erosion or exposed bone especially if bipolar chondral defects are noted. The injured worker has a diagnosis of osteoarthritis of the right knee and has undergone conservative care without pain relief and with documented functional limitations. However, the body mass index was documented to be 47 which does not meet the criteria above. In addition, no x-rays were provided in the documentation submitted and there was no description of the findings on the prior arthroscopic surgery, so the imaging and clinical findings criteria were not met. For these reasons, the request for right total knee arthroplasty is not medically necessary.

CT Scan Right Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg Chapter, Computed Tomography (CT)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): p. 343. Decision based on Non-MTUS Citation knee/leg chapter: computed tomography (CT)

Decision rationale: The ACOEM does not recommend computed tomography scan of the knee for meniscus tear, ligament strain or tear, patellofemoral syndrome, tendinitis, prepatellar bursitis, or regional pain. The ODG states that computed tomography is an option for pain after total knee arthroplasty with negative radiograph for loosening. The injured worker has not undergone total knee arthroplasty and the procedure has been determined to be not medically necessary. There is no documented indication for computed tomography scan of the knee for this injured worker. The request for computed tomography scan of the right knee is not medically necessary.

