

Case Number:	CM15-0100088		
Date Assigned:	06/02/2015	Date of Injury:	02/07/2014
Decision Date:	06/30/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/26/2015

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: California, Indiana, Oregon
 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:

The injured worker is a 44 year old female, who sustained an industrial injury on 2/07/2014. She reported walking in an office and her left knee hit a metal bar on the cart, very hard. She was initially diagnosed with a knee contusion. The injured worker was currently diagnosed as having bilateral knee chondromalacia with osteoarthritis. Treatment to date has included diagnostics, left knee arthroscopy on 7/10/2014 (with notation of previously failed arthroscopic procedure), physical therapy, cortisone injection, activity modification, and medications. Many documents within the submitted medical records are difficult to decipher. Currently (4/17/2015), the injured worker complains of discomfort in her bilateral knees. Pain was rated 10/10. Physical exam noted a height of 5'7" and a weight of 298 pounds. Exam of the left knee showed significant tenderness diffusely about the knee, crepitus with range of motion, and no gross ligamentous instability. Exam of the right knee showed tenderness anteriorly as well as laterally, with no gross ligamentous instability. She received a cortisone injection to the right knee and tolerated it well. Her current medication regime was not documented. The treatment plan included bilateral knee replacements, with pre-operative computerized tomography scans. Magnetic resonance imaging of the left knee (2/06/2015, compared to 3/12/2014) noted an interval development of mild-moderate tendinopathy through the proximal patellar tendon, persistent full thickness cartilage defect along the lateral patellar facet, medial meniscal chronic and post-surgical changes, without evidence of re-tear, small joint effusion, and mild tricompartmental osteoarthritic spurring. Magnetic resonance imaging of the right knee (10/21/2014) noted patellar lateral facet chondral irregularities and full thickness fissures, with associated subchondral marrow edema, marginal mild spurring of the patella, small joint effusion, and mild surface irregularities and edema of the medial and lateral weight-bearing compartment cartilage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Knee Replacement with CT (computerized tomographic) scan: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg chapter - Indications for Surgery, 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.

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 which includes 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. CA MTUS/ACOEM is silent on the issue of CT scan of the knee in preoperative planning. According to ODG, Knee and Leg, Computed Tomography, CT scan is not recommended for routine preoperative templating in total knee arthroplasty. Therefore the determination is for non-certification. In this case BMI is 48 and there is request for CT scan associated with the surgery. The guideline criteria are not met and the request is not medically necessary.