

Case Number:	CM15-0010450		
Date Assigned:	01/28/2015	Date of Injury:	02/24/2014
Decision Date:	03/30/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/19/2015

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
 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 (IW) is a 60 year old female, who sustained an industrial injury on February 24, 2014. She has reported bilateral knee pain and was diagnosed with status post left knee replacement for post traumatic arthritis and bilateral post-traumatic arthritis. Treatment to date has included radiographic imaging, diagnostic studies, surgical consultation, surgical intervention, pain medication, physical therapy and other treatment modalities. Currently, the IW complains of bilateral knee pain worse on the right than the left. The injured worker reported bilateral knee pain after an industrial injury in 2014. The left knee required surgical intervention and therapy. Following the surgery and therapies, the left knee improved. The plan was to improve the left knee until it was strong enough for her to tolerate right knee surgery. Evaluation on December 12, 2014 and January 9, 2015, revealed improving left knee pain and strength. The request for right knee arthroplasty was made. On December 24, 2014, Utilization Review non-certified a request for total right knee replacement and a three day inpatient stay, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 16, 2015, the injured worker submitted an application for IMR for review of total right knee replacement and a three day inpatient hospital stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total Right Knee Replacement: 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 Official Disability Guidelines, 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 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. The clinical information submitted demonstrates insufficient evidence to support a knee arthroplasty in this patient. There is no documentation from the exam notes from 1/9/15 of 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.

3 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 Official Disability Guidelines, Knee and Leg, Hospital Length of Stay

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