

Case Number:	CM15-0019714		
Date Assigned:	02/09/2015	Date of Injury:	09/21/2009
Decision Date:	03/31/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/02/2015

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 is a 71 year old male, who sustained an industrial injury on 09/21/2009. The diagnoses have included knee pain in joint. Noted treatments to date have included previous knee surgeries and medications. Diagnostics to date have included right knee MRI on 10/07/2011 which showed sever chondromalacia of the weight bearing medial femoral condyle, increasing loss of meniscal tissue, linear synovial adhesions within the popliteal joint space, irregular thickening of the medial collateral ligament, and probable bursitis. In a progress note dated 11/06/2014, the injured worker presented with complaints of right knee pain and discomfort. The treating physician reported the knee MRI showed complex tear medial and lateral meniscus and injured worker wants to proceed with total knee arthroscopy. Utilization Review determination on 01/15/2015 non-certified the request for Right Total Knee Arthroplasty - 3 Day Hospitalization citing Medical Treatment Utilization Schedule Chronic Pain Medical Treatment 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 with 3 day hospitalization: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data

Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Knee & Leg (Acute & Chronic)
(updated 10/27/2014)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Official Disability Guidelines, Knee arthroplasty

Decision rationale: 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 11/6/14 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.