

Case Number:	CM15-0112317		
Date Assigned:	06/18/2015	Date of Injury:	08/19/2010
Decision Date:	07/17/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/10/2015

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 60 year old male, who sustained an industrial injury on 8/19/10. The diagnoses have included left knee degenerative joint disease (DJD), status post right total knee arthroplasty, cervical facet arthropathy, status post fusion, and lumbago with lower extremity paresthesias. Treatment to date has included medications, activity modifications, off work, diagnostics, surgery, injections, physical therapy, other modalities, injections, and home exercise program (HEP). Currently, as per the physician progress note dated 5/11/15, the injured worker is for follow up exam and he was seen by a specialist regarding his bilateral knee pain and is recommended for left total knee replacement. The physician noted that on 6/20/14 there was x- rays of the bilateral knees performed and demonstrated right total knee replacement absent patellar resurfacing and left knee prior anterior cruciate ligament (ACL). The physician progress note dated 1/26/15 documents that there is complaints of bilateral knee pain rated 8/10 on pain scale with medications and increases to 9/10 without medications. The current medications included Ambien, Celebrex, Maxalt and Topiramate. The diagnostic testing that was previously performed included x-ray of the left knee dated 6/13/01 that reveals status post anterior cruciate ligament repair with metallic tibial and femoral tunnel screws with evidence of associated degenerative joint disease (DJD) as well. The physician noted that regarding the left knee pain the physician requested treatment included Left total knee replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left total knee replacement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter (Online Version), Knee joint replacement and Official Disability Guidelines (ODG) Indications for Surgery- Knee arthroplasty.

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: 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 1/26/15 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 body mass index. There is no formal weight bearing radiographic report of degree of osteoarthritis. The guideline criteria have not been met. Therefore, this request is not medically necessary.