

Case Number:	CM15-0116068		
Date Assigned:	06/24/2015	Date of Injury:	12/09/2002
Decision Date:	07/23/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/16/2015

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 73 year old male who sustained an industrial injury on 12/09/2002. Mechanism of injury was not documented. Diagnosis is worsening right knee osteoarthritis. Treatment to date has included diagnostic studies, medications, and cortisone injections. The most recent physician progress note dated 10/20/2014 documents the injured worker has continued right knee pain which is worsening. The pain is medial and pain is aggravated with normal daily activities and walking. He has constant swelling of his right knee. On examination there is swelling, tenderness and mild crepitus to the right knee. Range of motion is restricted. An unofficial x ray report of the right knee demonstrates fairly marked medial joint space narrowing, subchondral sclerosis and some osteophyte formation in the medial compartments. The injured worker wishes to proceed with a more definitive treatment and is considering total knee replacement before the end of the year. Treatment requested is for a right total knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total Right Knee Arthroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): table 13-2. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg & Knee Joint replacement; Indications for surgery.

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 10/20/14 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. Therefore, the guideline criteria have not been met and the determination is not medically necessary.