

Case Number:	CM15-0116099		
Date Assigned:	06/24/2015	Date of Injury:	07/09/2010
Decision Date:	07/23/2015	UR Denial Date:	05/20/2015
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: Illinois, California, Texas
 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:

This injured worker is a 63-year-old male who sustained an industrial injury on 7/9/10. Injury occurred while assisting a female bus passenger weighing 300-400 pounds who had slipped and fallen. He had to extricate the passenger as her legs were stuck in a gap in the hydraulic ramp. Past medical history was positive for obesity and hypertension. Past surgical history was positive for right total knee replacement on 12/6/12 and post-operative right knee manipulation under anesthesia. Conservative treatment for the left knee had included corticosteroid injections, physical therapy, home H-wave, home exercise, medications, and activity modification. The 6/28/11 left knee MRI impression documented oblique tears of the posterior horns of both the medial and lateral menisci, small joint effusion, decrease changes with spur formation and narrowing of the medial joint compartment, and medial tracking of the patella out of the trochlear groove by 1 cm. The 4/21/15 orthopedic surgeon report cited a history of bilateral knee tricompartmental arthritis, aggravated by calcium pyrophosphate deposition disease. The injured worker had worsening grade 6/10 left knee pain with associated swelling, clicking, locking, popping, and giving way. Symptoms were worse with squatting, kneeling, sitting, bending, stairs, twisting, moving, lying in bed, running, walking, standing, and lifting. The injured worker had lost 20 pounds over the past year. Left knee exam documented mild varus deformity, medial joint line tenderness, moderate medial crepitus, range of motion 0-115 degrees, and normal strength, sensation, and reflexes. Special tests were reported consistent with medial greater than lateral compartment change. Gait was antalgic. Standing x-rays documented physiologic varus, calcific change in the medial meniscus, medial joint line narrowing, and tricompartmental

arthritis. The current body mass index was no longer a contraindication to proceed with surgery, although he was advised to continue to lose weight which was difficult due to current exercise limitations. Current walking biomechanics resulted in the development of right hip and low back pain. Authorization was requested for left total knee replacement. The 5/4/15 treating physician report cited increased left knee pain, swelling, and occasional locking that resulted in decreased walking and weight bearing tolerance. He had a corticosteroid injection in February 2015 which helped for about 35-40 days. He was losing weight and body mass index had improved to 33.7. Left knee range of motion was 3 to 110 degrees with pain, positive genu varum, increased pain with passive range of motion, and left quadriceps weakness. The diagnosis was bilateral knee degenerative joint disease. The treatment plan recommended left total knee replacement, and a left knee corticosteroid injection was provided for the current flare-up. The 5/20/15 utilization review non-certified the request for left total knee replacement as there was insufficient information to support the request relative to x-rays reports, night time pain, body mass index, and detailed conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total left knee replacement: Overturned

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 & Leg - Online Version, 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 (ODG) Knee and Leg: Knee joint replacement.

Decision rationale: The California MTUS does not provide recommendations for total knee arthroplasty. The Official Disability Guidelines recommend total knee replacement when surgical indications are met. Specific criteria for knee joint replacement include exercise and medications or injections, limited range of motion (< 90 degrees), night-time joint pain, no pain relief with conservative care, documentation of functional limitations, age greater than 50 years, a body mass index (BMI) less than 40, and imaging findings of osteoarthritis. Guideline criteria have been met. This injured worker presents with worsening left knee pain with associated swelling, clicking, locking, and giving way. Functional difficulty is documented in activities of daily living and weight bearing activities. Clinical exam findings evidenced limited range of motion, night time pain, and body mass index less than 40. There was imaging evidence of tricompartmental osteoarthritis. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.