

Case Number:	CM15-0116128		
Date Assigned:	06/24/2015	Date of Injury:	10/16/2011
Decision Date:	07/24/2015	UR Denial Date:	06/08/2015
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, Indiana, Oregon
 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 77 year old female sustained an industrial injury to bilateral knees on 10/16/11. Previous treatment included bilateral knee arthroplasty, physical therapy, Orthovisc injections, and medications. Magnetic resonance imaging right knee showed postoperative changes consistent with arthroscopic partial medial and lateral meniscectomies a residual or recurrent tear of the posterior horn of the medial meniscus, a meniscal root tear, tricompartmental osteoarthritis, a bipolar full thickness chondral defect, moderate nuclear degeneration of the anterior cruciate ligament, a ganglion cyst, and a small joint effusion. In a progress note dated 5/7/15, the injured worker complained of ongoing pain to bilateral knees rated 8/10 on the visual analog scale. Physical exam was remarkable for right knee with mild swelling, tenderness to palpation in the medial and lateral aspects of the knee joints, and patellofemoral region with significant valgus deformities, decreased flexion, mild weakness over the quadriceps and hamstrings, and crepitus with range of motion. X-rays showed evidence of complete loss of joint space, sclerosis, osteophytic formation and valgus deformities. Requests for additional Orthovisc injections had been denied. The treatment plan included right total knee replacement with associated surgical services.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

Decision rationale: CA MTUS/ACOEM is silent on the issue of total knee replacement. According to the Official Disability Guidelines, regarding Knee arthroplasty indicates 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. In this case, the most recent imaging included for review is the MRI of 1/3/2012. It is indicated that x-rays were taken in April of 2014, but no official report is included. The clear loss of chondral clear space is not documented and the request is therefore not medically necessary.

Hospital Stay, 2-3 days, for Total Right 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, Knee.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.