

Case Number:	CM15-0117814		
Date Assigned:	06/26/2015	Date of Injury:	10/13/2005
Decision Date:	07/27/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/18/2015

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:

This 51 year old female sustained an industrial injury to the neck and right knee on 10/13/05. Previous treatment included exercise, injections, activity restrictions and medications. In a progress noted dated 5/7/15, the injured worker complained of pain to the right knee rated 2-8/10 on the visual analog scale. The injured worker noted some improvement to right knee symptoms for at least two weeks following a series of viscous supplementation injections six weeks ago but over the past two weeks the injured worker's symptoms had returned with increased swelling and pain. The physician noted that previous x-rays showed hypertrophic osteoarthritis with medial and lateral marginal compartment osteophytes and mild medial joint narrowing. Physical exam was remarkable for right knee with medial and lateral joint line tenderness, positive Lachman and pivot shift signs, decreased range of motion with trace effusion and good varus valgus stability. Current diagnoses included right knee osteoarthritis, synovitis associated with osteophytes and possible chondral debris, possible medial meniscus tear and effusion. The physician stated that at this time it appeared her pain was soft tissue and synovial related but there might be an element of bone pain associated with osteoarthritis. The physician indicated the potential to develop arthritis in the knee as a result of a meniscus tear. High grade chondromalacia with nearly exposed bone would warrant consideration of arthroplasty. The physician recommended magnetic resonance imaging right knee to look for the degree of surface cartilage damage.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right knee without contrast with PSI protocol: 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 chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg, Custom fit total knee replacement.

Decision rationale: CA MTUS/ACOEM is silent on the issue of custom fit knee replacement. According to the ODG, Knee and Leg, Custom fit total knee replacement, under study, awaiting higher quality trials. New technology using MRI allows the surgeon to place total knee replacement components into each patient's pre-arthritis natural alignment. Custom-fit total knee replacement appears to be a safe procedure for uncomplicated cases of osteoarthritis, but the benefits have not been proven. Although cost is a perceived barrier to using this technique, the results of this study suggest that some surgeons who use this technique may have reduced procedure time. The custom fit total knee replacement is achieved in a few steps, before and during surgery. As the guidelines don't support custom fit total knee replacement protocols, the request for associated MRI is not medically necessary.