

Case Number:	CM15-0129112		
Date Assigned:	07/15/2015	Date of Injury:	07/14/2011
Decision Date:	08/11/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/02/2015

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 67 year old male sustained an industrial injury to the low back, hip and knee on 7/14/11. Documentation did not disclose recent magnetic resonance imaging. Previous treatment included left total hip replacement (7/30/14), physical therapy and medications. In a PR-2 dated 5/15/15, the injured worker complained of knee, hip and low back pain. The physician noted that physical exam was remarkable for weakness and restricted range of motion to an unspecified body part. Past medical history was significant for diabetes mellitus, hypertension and peripheral vascular disease. Current diagnoses included lumbar intervertebral disc syndrome, hip sprain/strain and knee sprain/strain. The treatment plan included total knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total knee arthroplasty, (unspecified): 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 & Leg (Acute & Chronic) - 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.

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. The request for surgery does not designate which side is symptomatic. A 4/16/15 PT notes shows both knees have flexion greater than 90 degrees. Based on this, the request is not medically necessary.