

Case Number:	CM15-0172326		
Date Assigned:	09/14/2015	Date of Injury:	10/09/1998
Decision Date:	10/13/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/01/2015

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, Oregon, Washington
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 37 year old male, who sustained an industrial injury on 10-09-1998. Diagnoses include left knee osteoarthritis, left ACL disruption and pain knee. Treatment to date has included ACL reconstruction times two, medications, injections, use of a cane and bracing. Per the Primary Treating Physician's Progress Report dated 8-05-2015, the injured worker presented for reevaluation of the left knee. He reported that his symptoms have worsened since the last visit. His current pain level is rated as 6 out of 10. He had a fall onto his left side 1-2 weeks ago and his left knee is bothering him more. Objective findings of the left knee included a small effusion with pain described as moderate and diffuse. Ipsilateral extension was +10 and ipsilateral flexion was 110. He received a Kenalog knee injection at this visit. Per the medical record dated 7-13-2015 his pain was rated as 5 out of 10 and there was mild tenderness to the medial and lateral joint lines with ipsilateral flexion of 120 degrees. On 8-13-2015, Utilization Review non-certified the request for left total knee arthroplasty stating that the injured worker does not meet the guideline criteria for the requested procedure at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left total knee arthroplasty: 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 (online version) Knee joint replacement.

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

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 8/5/15 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. There is no formal weight bearing radiographic report of degree of osteoarthritis. Therefore the guideline criteria have not been met and the determination is for non-certification. The request is not medically necessary.