

Case Number:	CM15-0179726		
Date Assigned:	09/21/2015	Date of Injury:	08/29/2005
Decision Date:	10/23/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/13/2015

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 55-year-old female, with a reported date of injury of 08-29-2005. The diagnoses include bilateral knee pain, left knee internal derangement, left knee osteoarthritis, and obesity. Treatments and evaluation to date have included Vicodin, Baclofen, Soma, Naprosyn, Norco, Ibuprofen, Supartz injection, bilateral knee arthroscopy, a knee brace, physical therapy, ice, heat, and a home exercise program. According to the medical report dated 05-20-2015, the diagnostic studies to date have included an x-ray of the left knee on 05-20-2015 which showed complete joint space collapse of the medial compartment with osteophyte formation, sclerosis, and first deformity, and end-stage osteoarthritis of the medial compartment. The medical report dated 08-05-2015 indicates that the injured worker complained of bilateral knee symptoms. She rated the pain 6 out of 10 at rest, and 10 out of 10 during activities. The objective findings include an antalgic gait; no sensory deficits in the left lower extremity; no effusion of the left knee; no swelling of the left leg; no crepitus with motion of the left knee; left knee flexion at 130 degrees; left knee extension at 0 degrees; tenderness to palpation over the left lateral joint line; tenderness to palpation over the left medial joint line; and tenderness to palpation over the left patellofemoral joint. The treating physician requested a left total knee arthroplasty. On 09-02-2015, Utilization Review (UR) non-certified the request for a left total knee arthroplasty.

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: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg (Acute & Chronic) - 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 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, and the ROM is actually documented as 0-130. This patient has a diagnosis of obesity. The guideline criteria have not been met and the determination is for non-certification. Therefore, the request is not medically necessary.