

Case Number:	CM15-0046590		
Date Assigned:	03/18/2015	Date of Injury:	03/30/2012
Decision Date:	04/23/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/11/2015

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: Illinois, California, Texas
 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 44-year-old male with a date of injury of 3/30/12. Injury occurred when he pivoted while loading a 60-pound battery. He underwent right knee partial medial and lateral meniscectomy and extensive chondroplasty on 8/22/12. He was noted to have tricompartmental osteoarthritis at the time of surgery. The 12/18/14 orthopedic report indicated the patient had right knee pain with swelling and grinding. He was unable to work or exercise, and was gaining weight. Therapy and visco supplementation injections were not helpful. He denied instability, locking, and catching. He was unable to kneel or squat, and ambulated with a limp. Physical exam documented grade 3 effusion with guarding, +2 medial joint line tenderness, +3 lateral joint line tenderness, and trace anterior drawer. Active range of motion was 0-125 degrees with crepitus. The medial and lateral ligaments were intact and posterior drawer was negative. Body mass index was reported 35.5. Weight bearing x-rays showed bone-on-bone laterally. The merchant view was normal. The diagnosis included advanced degenerative osteoarthritis of the right knee. The orthopedic surgeon opined that the injured worker was rather young for the total knee replacement but he didn't believe that any other procedure would be beneficial to him at this time. He would be a candidate for a Press-Fit total knee replacement and hopefully that would extend the longevity of the right knee. The 2/11/15 utilization review non-certified the request for right total knee arthroplasty as the patient was younger than 50 years and his active range of motion exceeded guidelines criteria. The 3/9/15 treating physician report stated that the patient had end-stage bone-on-bone osteoarthrosis with no other treatment alternatives. Denial of the total knee arthroplasty was appealed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right total knee arthroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Knee joint replacement, 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 and Leg: Knee joint replacement.

Decision rationale: The California MTUS does not provide recommendations for total knee arthroplasty. The Official Disability Guidelines recommend total knee replacement when surgical indications are met. Criteria for knee joint replacement generally includes exercise and medications or injections, limited range of motion (< 90 degrees), night-time joint pain, no pain relief with conservative care, documentation of functional limitations, age greater than 50 years, a body mass index (BMI) less than 40, and imaging findings of osteoarthritis. Guideline criteria have not been met. This patient presents with right knee pain, swelling and grinding. Functional limitations are noted in kneeling and squatting. There are imaging findings consistent with tricompartmental osteoarthritis. However, the patient is under 50-years of age and current range of motion at 0-125 degrees exceeds guideline criteria. Detailed evidence of a recent, reasonable and/or comprehensive non-operative and operative treatment protocol trial, including weight loss and bracing, and failure has not been submitted. Therefore, this request is not medically necessary.