

Case Number:	CM15-0060548		
Date Assigned:	04/06/2015	Date of Injury:	02/24/2014
Decision Date:	05/13/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/30/2015

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 60-year-old female who sustained an industrial injury on 2/24/14. The mechanism of injury was not documented. Past surgical history was positive for bilateral knee arthroscopies with meniscectomy, left total knee replacement on 9/20/14, and left knee manipulation under anesthesia on 12/1/14. She has reported subsequent bilateral knee pain and was diagnosed with bilateral knee arthritis. Treatment to date has included oral pain medication, physical therapy and surgery. The 2/18/15 treating physician report cited improvement in left knee pain. The right knee was still painful with stairs, climbing, and prolonged standing and walking. The injured worker was concerned that her right knee symptoms would not allow her to be successful at work. Right knee exam documented range of motion -5 to 90 degrees with varus alignment, tenderness over the medial and lateral joint lines, and no patellofemoral pain to percussion. X-rays showed advanced medial and moderate lateral arthritis with bone-on-bone contact in the medial compartment. The injured worker was given a left knee corticosteroid injection for symptomatic relief pending authorization for right total knee replacement. A request for authorization of a total knee replacement of the right knee and an associated 3 day inpatient stay was made. The 3/3/15 utilization review non-certified the request for right total knee replacement and associated 3-day inpatient stay as there was no documentation of the injured worker's body mass index or detailed evidence of conservative treatment for the right knee. The 3/19/15 treating physician appeal report stated that the rationale indicated the injured worker needed to be over age 50 with body mass index under 35. Imaging indicated arthritis. The injured worker had a cortisone injection with temporary partial relief of symptoms. She has essentially

been undergoing conservative management for the past 4 months without improvement. While she has returned to work, she is having difficulty and night pain for which she was taking Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total knee replacement to right knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), Indications for Surgery - Knee arthroplasty: Criteria for 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 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. Specific criteria for knee joint replacement include 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 been met. The injured worker presents with significant function-limiting right knee pain. Clinical exam findings are consistent with guidelines. There is imaging evidence of osteoarthritis with bone-on-bone findings in the medial compartment. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Records suggest her body mass index is less than 35. Therefore, this request is medically necessary.

Associated Surgical Service: 3 day inpatient stay: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hospital Length of Stay guidelines: Knee 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 and Leg: Hospital length of stay (LOS).

Decision rationale: The California MTUS does not provide recommendations for hospital length of stay. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The recommended median and best practice target for a total knee arthroplasty is 3 days. Guideline criteria have been met for inpatient length of stay up to 3 days, in the absence of complications. Therefore, this request is medically necessary.

