

Case Number:	CM13-0041963		
Date Assigned:	12/20/2013	Date of Injury:	03/06/2007
Decision Date:	04/10/2015	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/30/2013

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

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 61-year-old male, who sustained an industrial injury on 3/06/2007. The diagnoses have included degenerative joint disease, left knee. Treatment to date has included physical therapy, medications, Synvisc one and Kenalog injections. He underwent right knee diagnostic and operative arthroscopy on 5/21/2010. Currently, the IW complains of right knee stiffness, swelling, weakness, and pain in his shin that affects his daily living. 9/18/13 exam demonstrates pain radiates down from the center of the knee to the tibia and he has difficulty walking. Objective findings included right knee stable to stress testing, Varus and valgus and Lachman, Ant and post drawer, McMurray testing hurts in the medial joint line, patellar grind test 3+. BMI is noted to be greater than 40. On 10/16/2013, Utilization Review non-certified a request for right total knee arthroplasty with three day inpatient stay noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS and ODG were cited. On 10/30/2013, the injured worker submitted an application for IMR for review of right total knee arthroplasty with three-day inpatient stay. The mechanism of injury has not been provided with the clinical documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOTAL KNEE ARTHROPLASTY (RIGHT KNEE): Upheld

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 and Leg, 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, Knee and Leg, Arthroplasty.

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 9/18/13 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. The BMI exceeds the recommendation of 35. Therefore, the guideline criteria have not been met and the determination is for non-certification.

3 DAYS IN-PATIENT STAY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.