

Case Number:	CM14-0141794		
Date Assigned:	09/15/2014	Date of Injury:	05/12/1999
Decision Date:	10/15/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery; and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 81-year-old female sustained an industrial injury on 5/21/99. The mechanism of injury was not documented. Past medical history was positive for coronary artery disease, diabetes mellitus, hypertension, atrial fibrillation, kidney disease and gout. Past surgical history was positive for a remote left total knee arthroplasty. The treating physician reports cited progressive right knee pain over the past 2 years. Pain was reported severe with initiation of activity. There was functional difficulty in bending, stooping, pivoting, and walking. Physical exam noted mild swelling and effusion, varus deformity, and tenderness over the medial and lateral compartments. Knee range of motion was 0-110 degrees with no gross instability. The patient used a cane for ambulation. X-rays demonstrated end-stage severe right knee arthritis of the medial and lateral compartments with subchondral sclerosis, subchondral cyst, and peri-articular osteophytes. There was complete collapse of the joint space. Conservative treatment had included multiple injections, anti-inflammatories, and activity modification, and had failed. Records suggested the patient was overweight but a specific body mass index was not provided. The 8/8/14 utilization review denied the retrospective request for right total knee arthroplasty as there was no documentation of nighttime knee pain and body mass index was not available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective right total knee arthroplasty (Date of service: 7/16/14): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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 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 35, and imaging findings of osteoarthritis. Guidelines have been met to establish medical necessity. Subjective and objective clinical findings are consistent with radiographic evidence of end-stage right knee arthritis with complete collapse of the joint space. There is significant pain and functional limitation. The patient is reported as overweight which would be consistent with a body mass index less than 30. A BMI level is not an absolute contraindication for the request, in any event. Reasonable conservative treatment had been tried and failed. Therefore, this retrospective request was medically necessary.