

<b>Case Number:</b>	CM13-0004442		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	11/12/2002
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	07/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2013

### 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. 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 44-year-old female housekeeper/nanny sustained an industrial injury on November 12, 2002. Injury occurred when she caught her leg stepping over a child gate, and fell forward onto her hands and knees. She underwent five left knee surgeries from 2003 until April 2012, and a right partial knee replacement on January 23, 2013. The 5/9/13 treating physician chart note cited left sided knee pain, instability, and difficulty walking more than one block. She was using a cane to ambulate. Standing x-rays of the left knee showed near complete loss of joint height medially on the left. Based on the level of functional difficulty, a left total knee replacement was requested. The June 6, 2013 treating physician report cited continued bilateral knee pain with locking and instability, worse on the left. She also had lower back pain radiating into the lower extremities with a diagnosis of lumbar radiculopathy. She walked with an antalgic gait and single point cane. She was out of the wheelchair and attempting to walk more. She was not able to stand or walk for prolonged periods due to knee and low back pain. The July 17, 2013 utilization review denied the request for left total knee replacement based on the patient's age, absence of body mass index, and no documentation that the maximum potential of conservative treatment had been exhausted. The August 2, 2013 treating physician appeal letter stated that the patient had left knee pain with weakness. She had locking, clicking and instability. She ambulated with an antalgic gait and single point cane. She was unable to perform prolonged sitting, standing, walking, and stair climbing. Functional loss was noted in lifting, pushing, pulling, squatting, and stooping. She had been unresponsive to exhaustive conservative treatment and significant oral pain medications. X-rays showed near complete loss of joint height medially on the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT TOTAL KNEE REPLACEMENT:** 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, 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 Medical Treatment Utilization Schedule (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 state that if only one compartment is affected, a unicompartmental or partial replacement may be considered. A total knee replacement is indicated if 2 of the 3 compartments are affected. Guidelines criteria have not been met. This patient has severe left knee pain and functional limitations. She has repeatedly failed guideline-recommended operative and non-operative treatment. Records indicate her body mass index is 30.8. The most recent range of motion documentation indicates that the patient exceeds guideline criteria at 125 degrees. She is only 44 years old. There is radiographic evidence of osteoarthritis overwhelmingly limited to the medial compartment. Unicompartmental osteoarthritis does not meet guideline criteria for a total joint replacement. Therefore, this request for left total knee replacement is not medically necessary or appropriate.