

<b>Case Number:</b>	CM13-0006525		
<b>Date Assigned:</b>	03/07/2014	<b>Date of Injury:</b>	01/03/2012
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	07/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### 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 is a 59-year-old male with a 1/3/12 injury date. The mechanism of injury was not provided. A 9/24/12 follow-up reports subjective complaints of left knee pain. Objective findings included left knee range of motion from 0 to 130 degrees, patellofemoral compression test was positive, positive crepitus, normal strength, and normal sensation. The provider indicated that xrays of the left knee showed osteoarthritis. A 7/11/13 follow-up includes a brief statement by the provider that a previous injection had failed. A 2/28/12 left knee MRI showed moderate to severe osteoarthritic changes of the medial compartment. Diagnostic impression: left knee osteoarthritis. Treatment to date: left knee arthroscopy, left knee cortisone injection. A UR decision on 7/16/13 denied the request for left total knee replacement on the basis that there was no documented knee range of motion, instability, quad status, or BMI.

### 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:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee Chapter.

**Decision rationale:** CA MTUS does not address this issue. ODG criteria for TKR include conservative care including Visco supplementation injections OR Steroid injection, limited range of motion, nighttime joint pain, and no pain relief with conservative care; over 50 years of age AND Body Mass Index of less than 35; and osteoarthritis on imaging or arthroscopy report. However, there is not enough information provided to justify knee replacement at this time. It is unclear when the prior cortisone injection was and the extent of relief it may have provided. Other prior conservative treatment attempts such as physical therapy or NSAID use are not documented. The body mass index is not provided, however, the height and weight were given and the calculated BMI was 32.3. There are limited subjective findings such as the presence or absence of nighttime joint pain, swelling, or clicking/locking. Therefore, the request for left total knee replacement is not medically necessary.