

<b>Case Number:</b>	CM13-0007191		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	09/26/2011
<b>Decision Date:</b>	02/21/2014	<b>UR Denial Date:</b>	07/29/2013
<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 a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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:

The patient is a 64-year-old female who reported an injury on 09/26/2011. The patient is diagnosed with a tear of the rotator cuff, right traumatic arthritis of the knee, left knee osteoarthritis, and knee sprain and strain. The patient was seen by [REDACTED] on 07/20/2013. The patient reported left knee pain rated 10/10. Physical examination revealed antalgic gait, tenderness at the medial parapatellar, patellofemoral joint, medial joint line, swelling, mild to moderate effusion, no crepitation, and normal range of motion. Treatment recommendations included a total knee arthroplasty on the left.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Total left knee arthroplasty:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & Leg Chapter, section on Knee Joint Replacement

**Decision rationale:** The ACOEM Guidelines state referral for surgical consultation may be indicated for patients who have activity limitations for more than 1 month and failure of exercise

programs to increase range of motion and strength of the musculature around the knee. The Official Disability Guidelines state prior to a knee arthroplasty, patients should be treated with conservative therapy including exercise, medications, and/or viscosupplementation or steroid injections. There should be evidence of a body mass index less than 35. There should also be imaging evidence of osteoarthritis on standing x-rays or previous arthroscopy documenting advanced chondral erosion or exposed bone. As per the clinical notes submitted the patient's physical examination on the requesting date of 07/20/2013 revealed normal range of motion, negative instability, negative posterior drawer testing, leg Lachman's testing, and negative crepitation. There is no subjective evidence of limited range of motion less than 90 degrees, nighttime joint pain, nor evidence of previous treatment with viscosupplementation or steroid injections. Documentation of a recent course of exercise therapy was not provided. Based on the clinical information received, the patient does not currently meet criteria for the requested procedure. As such, the request for a total left knee arthroplasty is not medically necessary and appropriate.

**CPM 21 day rental for the left knee:** 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.

**Pre-op testing:** 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.

**Postoperative Physical Therapy 2x6:** 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.