

<b>Case Number:</b>	CM13-0013655		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	02/01/2013
<b>Decision Date:</b>	02/07/2014	<b>UR Denial Date:</b>	08/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### 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.

### 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 claimant is a 47-year-old female who was injured on February 9, 2013, sustaining an injury to the left knee. The clinical records for review in this case include a recent assessment of July 23, 2013 giving her diagnoses of MCL strain, chronic ACL tear and degenerative arthritis to the knee. It states she has been active, but unable to achieve significant improvement in terms of activity. Physical exam showed +2 tenderness at the patellofemoral joint, medial tenderness to palpation and +1 effusion. At that time, [REDACTED] indicated the claimant was with progressive left knee pain secondary to osteoarthritic change and recommended total joint arthroplasty for further treatment. Course of conservative care throughout 2013 was not well documented. Previous assessment of March 2013 showed the claimant to be with a body mass index (BMI) of greater than 42.

### 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 Page(s): 343-345. Decision based on Non-MTUS Citation ODG 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), Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 updates: Knee procedure - Knee joint replacement.

**Decision rationale:** The Official Disability Guidelines indicate that total joint arthroplasty is well accepted as reliable and suitable surgical procedures to return patients to function. The most common diagnosis is osteoarthritis. The claimant's recent conservative care is not documented to indicate that she has exhausted conservative measures prior to proceeding with joint replacement procedure. Furthermore, she is with a body mass index of greater than 42 and an age of 47 years old which together would fail to meet guideline criteria. The guidelines recommend an age greater than 50 and a BMI of less than 35 to proceed with the procedure. When taking into account the claimant's age, body mass index, as well as lack of documented conservative measures, the role of arthroplasty cannot be supported.

**Two (2) day inpatient 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.

**Twenty-four (24) postoperative physical therapy visits:** 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.