

<b>Case Number:</b>	CM13-0014988		
<b>Date Assigned:</b>	10/04/2013	<b>Date of Injury:</b>	07/15/2007
<b>Decision Date:</b>	02/11/2014	<b>UR Denial Date:</b>	08/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2013

### 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 60-year-old female who was injured in a work-related accident on 07/15/07. Clinical records indicate an injury to the left knee. Records for review include a 01/18/13 supplemental report with [REDACTED], where she is noted to be with continued complaints of left knee pain with an inability to walk more than a block. The physical examination showed 0 to 100 degrees range of motion, neurovascularly being intact with x-rays revealing "early degenerative disease". Based on failed conservative care, a left total knee arthroplasty was being recommended. A previous second opinion assessment with [REDACTED] M.D., stated her x-rays were "not as impressive as MRI findings". He indicates that the claimant has not had viscosupplementation or steroid injections. He reviewed a previous arthroscopy to the left knee that showed a grade 4 change to the medial femoral condyle and trochlear groove. As stated, surgical intervention in the form of arthroplasty was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left total knee arthroplasty:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg Chapter, Indications for Surgery - Knee arthroplasty: Criteria for 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 (DG) - Official Disability Guidelines Treatment in Worker's Comp, 17th Edition, 2012 Updates: Knee procedure - Knee joint replacement.

**Decision rationale:** The Official Disability Guidelines indicate that total hip and total knee arthroplasties are well accepted as reliable and suitable surgical procedures to return patients to function. The most common diagnosis is osteoarthritis. The guidelines also indicate that if two of the three compartments are affected, a total joint replacement is indicated. The criteria include conservative care, such as medications, and viscosupplementation injections or steroid injection. Review of records indicates that the claimant has had minimal conservative care, but prior viscosupplementation and steroid injections have not been performed. Recent radiographs demonstrated "minimal arthritis", with a second opinion physician also describing "unimpressive" x-rays as well. Given minimal radiographic findings and lack of documentation of conservative care, the claimant would fail to meet the guideline criteria for the role of surgical process.

**Inpatient stay for three (3) days: 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.

**Fourteen (14) day rental of a continuous passive motion (CPM) machine: 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.

**One (1) wheelchair: 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.

**One (1) walker:** 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.

**One (1) bedside commode:** 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, two (2) times a week for twelve (12) weeks:** 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.