

<b>Case Number:</b>	CM13-0015150		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	05/22/2007
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	07/24/2013
<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 was injured in a work related accident on 05/22/07. Records specific to the claimant's left knee include a 06/26/13 assessment with [REDACTED] for continued complaints of left knee despite conservative care. Examination showed restricted range of motion, grinding and crepitation with positive tenderness over the tibial plateau and antalgic gait. Review of radiographs of the left knee on that date including a weight bearing view that showed essentially bone on bone medial compartment changes with only 1 mm of joint space remaining. The claimant was diagnosed with bilateral knee and medial compartment posttraumatic arthrosis. Treatment has included injections, medication management, activity modification, and previous meniscectomy. The claimant's BMI is not given, nor further imaging citing for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for partial left 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 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 (ODG)

**Decision rationale:** Based on Official Disability Guidelines as California MTUS Guidelines do not specifically address the request, the left knee surgery, partial knee replacement would not be considered as medically necessary. The clinical records lack documentation as to the condition of the lateral compartment and patellofemoral findings with documentation only of the medial compartment changes on standing x-rays. The claimant's prior surgical arthroscopy findings are not noted. In the absence of imaging to confirm or refute unicompartmental changes in this case, the medical necessity for the procedure cannot be established. Also, taken into account in this case is that the claimant's body mass index is not documented. Official Disability Guidelines indicates there should be documentation of an age greater than 50-years-old and a body mass index of lower than 35 prior to proceeding with any degree of surgical process involving joint replacement.