MAXIMUS Federal Services

| Case Number: | CM13-0016754 | | |
|---|---|---|---|
| Date Assigned: | 03/12/2014 | Date of Injury: | 11/12/2010 |
| Decision Date: | 05/20/2014 | UR Denial Date: | 07/26/2013 |
| Priority: | Standard | Application Received: | 08/26/2013 |

## 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 Othopedic 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:

The claimant is a 62-year-old female who sustained bilateral knee injuries in a fall on November 12, 2010. A December 2010 MRI of the right knee showed a posterior cruciate ligament tear with degenerative changes of the medial aspect of the patellofemoral compartment. A follow-up MRI dated March 6, 2012, showed mild degenerative changes to the lateral compartment of the right knee. An October 9, 2013, progress note documented ongoing complaints of right knee pain that increased with activity. Physical examination showed restricted motion from 20 to 80 degrees with pain at endpoints. Additional objective findings were not noted. The claimant was diagnosed with degenerative changes of the knee. Documentation of recent treatment was not noted. During a follow-up clinical assessment dated December 9, 2013, the claimant was diagnosed with posterior cruciate ligament tear to the right knee with arthrosis. Viscosupplementation injections were recommended. This request is for total joint arthroplasty of the right knee, 3 day inpatient stay, and post-operative physical therapy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**TOTAL RIGHT KNEE REPLACEMENT SUGERY:** 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 Procedure - 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 (ODG) Knee Procedure - Knee Joint Replacement.

**Decision rationale:** According to the Official Disability Guidelines (ODG) regarding the criteria for knee joint replacement, "(If only 1 compartment is affected, a unicompartmental or partial replacement may be considered. If 2 of the 3 compartments are affected, a total joint replacement is indicated.): 1. Conservative Care: Medications (Visco supplementation injections or Steroid injection). 2. Subjective Clinical Findings: Limited range of motion, nighttime joint pain, no pain relief with conservative care, and documentation of current functional limitations demonstrating necessity of intervention. 3. Objective Clinical Findings: Over 50 years of age and Body Mass Index of less than 35, where increased BMI poses elevated risks for post-op complications. 4. Imaging Clinical Findings: Osteoarthritis on: Standing x-ray. The records provided for review do not reference prior treatment with corticosteroid or viscosupplementation injections. While a request for viscosupplementation injections occurred in December 2013, the available records did not note if the therapy was administered or, if the claimant received the injections, what symptom improvement occurred. In addition, imaging studies showed mild arthrosis to the patella and lateral compartment. No recent findings to indicate advanced degenerative changes were reported. With no findings of osteoarthritis noted and absent documentation on the use or benefit of injection therapy, the request for total knee arthroplasty would not be supported as medically necessary.

**3 DAY INPATIENT STAY:** 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)

**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.

**POST-OPERATIVE PHYSICAL THERAPY THREE TIMES PER WEEK FOR FOUR MONTHS (12 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.