

<b>Case Number:</b>	CM13-0023356		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	12/19/2012
<b>Decision Date:</b>	04/07/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### 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 Arizona. He/she has been in active clinical practice for more than five years and is currently working least at 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:

This is a 63-year-old male who sustained a twisting injury to his left knee on 12/19/12. Patient had an MRI which revealed severe osteoarthritis of the knee with medial meniscus tear and partial tears of anterior and posterior cruciate ligaments. Patient underwent arthroscopy surgery with meniscectomy and chondroplasty of patella and medial compartment on 5/1/2013. His post op relief of symptoms was short lived. Now request is made for a total knee arthroplasty

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urgent left knee replacement surgery:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee and leg, total knee arthroplasty.

**Decision rationale:** Documentation concerning the need for total knee arthroplasty is missing. The Patient has arthritis, he has knee pain, and he is on an anti-inflammatory. What is missing is documentation of his range of motion, night pain, whether the medication is helping, whether he

is on a home exercise program and what his functional limitations are. There is no documentation of body weight or BMI. Without this documentation the medical necessity of a total knee arthroplasty has not been established.