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| <b>Case Number:</b>   | CM13-0029992 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 04/24/2001 |
| <b>Decision Date:</b> | 02/20/2014   | <b>UR Denial Date:</b>       | 09/23/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/27/2013 |

### 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, has a subspecialty in Reconstructive Surgery and is licensed to practice in Texas and West Virginia. 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 66-year-old male who reported an injury on 04/24/2001 due to moving a heavy object, which caused the left knee to buckle. Prior treatments included Synvisc injections, physical therapy, surgical intervention, and anti-inflammatory medications. The patient underwent an x-ray in 05/2013 that revealed severe osteoarthritis of the right knee and severe osteoarthritis of the left knee, the patient's most recent physical findings included significant bilateral knee pain increased with activity. Physical findings included left knee range of motion described as 20 degrees to 100 degrees in flexion with crepitus and pain in all planes. The patient had extreme tenderness to palpation over the medial and lateral joint lines. The patient's diagnoses included left knee advanced osteoarthritis. The patient's treatment plan included total knee arthroplasty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Total left knee arthroplasty:** 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) 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) Knee and Leg Chapter, Knee Replacement.

**Decision rationale:** Official Disability Guidelines recommend total knee arthroplasty be supported by clinical findings to include limited range of motion less than 90 degrees, and nighttime joint pain, and no relief with conservative care, and documentation of functional limitations to demonstrate the necessity of surgical intervention. The clinical documentation submitted for review does provide evidence that the patient has an imaging study supporting that the patient has bilateral severe osteoarthritis. However, the patient's clinical findings do not support that the patient has range of motion limitations less than 90 degrees, nighttime joint pain, or activity limitations supporting the need for surgical intervention. As such, the requested Total left knee arthroplasty is not medically necessary or appropriate.

**Skilled nursing facility 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.