

<b>Case Number:</b>	CM13-0031627		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	12/03/2010
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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 Shoulder and Elbow Surgery and is licensed to practice in Clifornia. 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 70-year-old male who reported injury on December 03, 2010. The mechanism of injury was stated to occur when the patient was using a floor cleaning machine, turned off the machine, and the patient's left knee buckled when the patient turned around. The patient had a weightbearing knee x-ray which revealed severe narrowing of the intra-articular clear space medial compartment and moderately severe patellofemoral joint narrowing. The patient has subchondral sclerosis in the medial and anterior compartments. There was squaring off the articular margins about the lateral compartment. The patient was taking Mobic. The patient has tenderness to palpation around the medial and lateral tibial tubercle, medial and lateral femoral condyle, and the patella. There was a moderate crepitus with the knee joint. Active extension was -10 degrees. Active flexion was 95 degrees. Knee extension strength was 5/5 and flexor strength was 5/5. The patient's BMI was 29.0. The diagnoses included arthropathy, unspecified, involving lower leg, arthritis of the knee, pain in joint involving lower leg, and knee pain. The request was made for a left total knee replacement, preoperative clearance, laboratory work, electrocardiogram, and a chest x-ray preoperatively.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Total Knee Replacement:** 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: Knee joint replacement Section; and the ODG Indications for Surgery - Knee arthroplasty Section

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Knee Joint Replacement.

**Decision rationale:** The Official Disability Guidelines states that the criteria for knee joint replacement includes conservative care of exercise therapy and medications, findings of limited range of motion (<90° for TKR), nighttime joint pain, no pain relief with conservative care and documentation of current functional limitations demonstrating necessity of intervention as well as the patient is over 50 years of age and has a Body Mass Index of less than 35 and a Standing x-ray that indicates the patient had osteoarthritis. The clinical documentation submitted for review indicated the patient had relief from a steroid injection, was participating in a home rehab exercise program, had positive findings on a standing x-ray, had a BMI of 29 and was over 50. However, it failed to provide documentation of nighttime joint pain and current functional limitations demonstrating necessity for intervention as well as limited range of motion. Given the above, the request for a left total knee replacement is not medically necessary and appropriate.

**request for Pre-Operative Clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Society of General Internal Medicine, Preoperative Surgical Clearance.

**Decision rationale:** As the request for the surgical intervention was not medically necessary, the request for preoperative clearance is not medically necessary.

**request for preoperative laboratory work:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back, Preoperative lab testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Preoperative Lab Work.

**Decision rationale:** As the request for the surgical intervention was not medically necessary, the request for preoperative clearance is not medically necessary.

**request for a preoperative Electrocardiogram:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back, Preoperative Electrocardiogram.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative Electrocardiogram.

**Decision rationale:** As the request for the surgical intervention was not medically necessary, the request for preoperative clearance is not medically necessary.

**request for a preoperative Chest x-ray:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back, Preoperative testing, general.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Preoperative testing, general.

**Decision rationale:** As the request for the surgical intervention was not medically necessary, the request for preoperative clearance is not medically necessary.