

<b>Case Number:</b>	CM13-0033177		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	09/24/2010
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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:

This is a 49-year-old female who reportedly suffered an injury to her knees on 09/24/10. She has been diagnosed with bilateral osteoarthritis of the knees. Records reflect that she has undergone previous right knee arthroscopy, which documented advanced changes. She apparently has degenerative changes in the left knee as well. Conservative treatment has included activity modification, medical management, corticosteroid injections, and viscosupplementation. She has been seen by qualified medical examiners who recommended bilateral total knee arthroplasties. They have also discussed issues of weight loss. Of note, her BMI is approximately 36.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral total knee replacements:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Indications for Surgery - Knee arthroplasty.

**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), Section Knee, Knee Joint Replacement.

**Decision rationale:** The ACOEM Guidelines do not specifically address the indications for total knee arthroplasty. Official Disability Guidelines would suggest that individuals who have advanced changes on x-rays that are consistent with his/her clinical complaints and physical examination findings, that total knee arthroplasty is in fact a reasonable recommendation. Ideally, patients should exceed 50-years of age and ideally patients would have a BMI less than 36. The medical records in this particular case would suggest that this is a reasonable recommendation for this employee. While the employee's age is certainly in consideration, the employee has advanced changes on x-rays and has reportedly failed all reasonable forms for conservative care. While weight loss has been discussed, the employee appears to be voluntarily losing weight and her current BMI does not in itself represent an absolute contraindication. As such, at this point in time, it would appear that the employee's voluntary weight loss and failure of all reasonable forms of conservative treatment would suggest that the employee is in fact a reasonable and appropriate candidate for bilateral total knee arthroplasties. While it is certainly the employee's prerogative to hold off on surgery in an effort to lose weight, it would not appear to be an absolute medical necessity that the employee lose weight in advance of total knee arthroplasty.

**Unspecified medical weight loss program:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 15.

**Decision rationale:** The request for nonspecified weight loss program is not clear in this particular case. According to the records, the employee is losing weight on her own. It would be reasonable for the employee to continue with the current strategy and as such a formal weight loss program in and of itself would not appear to be reasonable and medically necessary in advance of the proposed surgery. While one cannot deny that weight reduction would be an advantage for individuals with a BMI of 36, there is no indication that a structured program will have additional benefits beyond the employee's current weight loss strategies.