

<b>Case Number:</b>	CM13-0033496		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	11/18/2006
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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 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 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 33 year old female who injured the left knee on November 8, 2006. The clinical records for review included an orthopedic follow-up on September 12, 2013 noting continued complaints of left knee and low back pain. A working diagnosis was left knee chondromalacia. Imaging reports of the left knee included March 11, 2013 radiographs that showed mild narrowing of the medial compartment with lateral riding bipartite patella and left patellofemoral arthritic spurring. The claimant was diagnosed with chondromalacia of the patella. It was noted that the claimant had failed conservative care including a previous arthroscopy and meniscectomy several years ago. Recommendation was for a partial knee replacement. There was no documentation of recent conservative care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PARTIAL KNEE REPLACEMENT OF THE LEFT KNEE:** 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 base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

OFFICIAL DISABILITY GUIDELINES TREATMENT IN WORKER'S COMP, 18TH EDITION, 2013 UPDATES: KNEE PROCEDURE - KNEE JOINT REPLACEMENT

**Decision rationale:** The CA MTUS and ACOEM Guidelines are silent. When looking at the Official Disability Guidelines, it is recommended that candidates for unilateral arthroplasty need to meet the same criteria as total joint arthroplasty to proceed with procedure. The claimant is a 33 year old female with no documentation of recent conservative measures or documentation of advanced degenerative change noted on radiological assessment. The records indicate that the claimant has chondral change of the patella. The absence of documentation of conservative care and the claimant's young age fail to qualify her as a surgical candidate for the procedure in question. The request is not supported as medically necessary.