

<b>Case Number:</b>	CM13-0035235		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	10/11/2006
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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 Texas. 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 60-year-old male who reported a work-related injury on October 11, 2006, specific mechanism of injury not stated. The patient is status post multiple surgical interventions to the bilateral knees. X-ray of the left knee dated January 11, 2012, signed by [REDACTED] revealed advanced osteoarthritis and possible loose body in the lateral patellofemoral joint space. Clinical note dated September 10, 2013 documented the patient was seen in clinic under the care of [REDACTED]. The provider documented an exam of the left knee demonstrated crepitus throughout range of motion with 1+ effusion. The patient lacked 20 to 30 degrees of full flexion with extension. The provider recommended a left total knee replacement arthroplasty for the patient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Left Knee Total Replacement Arthroplasty: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 Joint Replacement

**Decision rationale:** The clinical notes lacked documentation of recent utilization of injection therapy or physical therapy or other active treatment modalities for the patient's left knee symptomatology. Additionally, the clinical notes lacked subjective clinical findings such as limited range of motion of less than 90 degrees for total knee replacement. In addition, the clinical notes did not indicate the patient's BMI, where guidelines recommend a BMI of less than 35, whereas increased BMI poses elevated risk for postoperative complications. Given the above, the request for left knee total replacement arthroplasty is not medically necessary or appropriate.