

<b>Case Number:</b>	CM13-0035609		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	03/23/1992
<b>Decision Date:</b>	03/05/2014	<b>UR Denial Date:</b>	10/09/2013
<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 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:

According to the records made available for review, this is a 73-year-old male with a 3/23/92 date of injury. At the time of request for authorization for Right knee replacement surgery, In patient stay for 3 nights, and Post-operative physical therapy 12 sessions, there is documentation of subjective (constant right knee pain) and objective (reduced range of motion in the right knee from 0 to 130 degrees and diffuse tenderness medially) findings, imaging findings (X-Ray Bilateral standing knees, lateral of the right and bilateral patellofemoral views (9/6/13) report revealed advanced bone on bone medial joint arthritis), current diagnoses (advanced knee arthritis), and treatment to date (not specified). There is no documentation of additional objective findings (Body Mass Index of less than 35) and conservative treatment (physical modality, medications, and either viscosupplementation injections or steroid injection).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee replacement surgery:** 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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter, section on Knee Joint Replacements

**Decision rationale:** The Official Disability Guidelines identify documentation of at least 2 of the 3 compartments affected, subjective findings (limited range of motion and nighttime joint pain), objective findings (over 50 years of age and Body Mass Index of less than 35), imaging findings (osteoarthritis on standing x-ray or arthroscopy report), and conservative treatment (physical modality, medications, and either viscosupplementation injections or steroid injection), as criteria necessary to support the medical necessity of total knee arthroplasty. Within the medical records provided for review, there is documentation of at least 2 of the 3 compartments affected, subjective findings (limited range of motion and nighttime joint pain), objective findings (over 50 years of age), and imaging findings (osteoarthritis on standing x-ray). However, there is no documentation of additional objective findings (Body Mass Index of less than 35) and conservative treatment (physical modality, medications, and either viscosupplementation injections or steroid injection). Therefore, the request for Right knee replacement surgery is not medically necessary and appropriate.

**Inpatient hospital stay for 3 nights:** 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.

**series of 12 post-operative physical therapy sessions:** 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.