

<b>Case Number:</b>	CM13-0039428		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	06/04/2011
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2013

### 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 50 year old male who slipped and fell injuring his left knee on June 4, 2011. The clinical records provided for review documented that despite conservative care the claimant had continued complaints of pain. The operative report dated April 10, 2013 noted a left knee diagnostic arthroscopy with plica release, synovectomy and debridement of the ACL. Postoperatively, the August 2, 2013 plain film radiographs demonstrated "slight narrowing of the medial and patellofemoral compartment" described as "early osteoarthritic change". Physical examination on the same date showed a positive McMurray's testing with restricted motion from 15 to 85 degrees, medial and lateral joint line tenderness and pain at end points. It was documented that the claimant continued with pain, stiffness and a give-away sensation. No additional postoperative imaging was available for review. The recommendation was made for left total knee arthroplasty with a two day inpatient length of stay.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **TOTAL KNEE ARTHROPLASTY WITH TWO DAY TREATMENT INPATIENT STAY: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Disability Guidelines (ODG); Treatment in Workers Compensation (TWC)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) TREATMENT IN WORKER'S COMP, 18TH EDITION, 2013 UPDATES: KNEE PROCEDURE - KNEE JOINT REPLACEMENT

**Decision rationale:** The claimant's recent plain film radiograph imaging from August 2013 demonstrated only minor osteoarthritic change with minimal joint space narrowing. When taking into account the claimant's young age, the imaging results, and lack of documentation that all efforts at conservative care including viscosupplementation have failed, the request for arthroplasty at this stage in the claimant's clinical course of care cannot be supported. The request is not medically necessary and appropriate.