

<b>Case Number:</b>	CM13-0045893		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/01/2005
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 46-year-old female who reported an injury on 09/01/2005 due to a fall. The patient underwent total knee replacement in 2005. The patient also underwent ACL and medial and lateral collateral ligament reconstruction in 09/2012. The clinical documentation indicates that the patient never underwent a course of supervised skilled therapy after the 09/2012 surgery. However, it is noted within the documentation that the patient received significant pain relief as a result of that surgery and was able to reduce her medication usage significantly. The patient's most recent clinical examination revealed tenderness to palpation of the bilateral knees with crepitus, limited range of motion described as 10 degrees in extension and 110 degrees in flexion with tenderness along the medial and lateral joint line. The patient's treatment plan included revision of the right total knee replacement and left total knee replacement with continued medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Total Left Knee Replacement:** 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) Knee and Leg Chapter

**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 Physician Reviewer's decision rationale: The requested total left knee replacement is not medically necessary or appropriate. Official Disability Guidelines recommend this surgical intervention when patients have exhausted all other types of conservative treatments and have significantly limited range of motion limitations, persistent chronic pain complaints limiting the patient's activities. The clinical documentation submitted for review does not provide any evidence of an imaging study after the patient's left knee surgical intervention in 09/2012. Additionally, the Official Disability Guidelines specifically recommend total knee replacements for patients who have limited range of motion of less than 90 degrees in flexion. The patient's most recent evaluation does not document that the patient has limited range of motion of less than 90 degrees. Also, the clinical documentation fails to document that the patient has exhausted all conservative treatments. It is noted that the patient has recently been approved for physical therapy to the left knee. The outcome of this physical therapy would need to be provided to assist in determining further surgical intervention. Also, there is no documentation that the patient has had any injection therapy. As such, the requested total left knee replacement is not medically necessary or appropriate.