

<b>Case Number:</b>	CM13-0049001		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/30/2002
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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 57-year-old male who reported an injury on 10/30/2002. The mechanism of injury was not provided for review. The patient ultimately developed tricompartmental osteoarthritis. The patient's most recent clinical evaluation indicated that the patient has not had any recent therapy to assist with symptom control. Prior treatments included anti-inflammatory medications. Physical examination revealed tenderness to palpation along the medial joint line with no evidence of crepitus with range of motion described as 10 degrees in extension to 110 degrees in flexion. The patient's diagnoses included right tri-compartmental degenerative joint disease. The patient's treatment plan included continuation of anti-inflammatory medications and surgical intervention to include a right total knee replacement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**right total 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 & Leg Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg Chapter, Knee Joint Replacement.

**Decision rationale:** The requested right total knee replacement is not medically necessary or appropriate. Official Disability Guidelines recommend knee arthroplasty as appropriate when the patient has failed to respond to medications and physical therapy and has limited range of motion of less than 90 degrees and the patient has a body mass index of less than 35. The clinical documentation submitted for review does not support that the patient has limited range of motion of less than 90 degrees. There was no documentation that the patient has participated in any active therapy to assist with symptom resolution. Additionally, the patient's most recent BMI was documented as 36.61. This exceeds the guideline recommendation of 35. The patient has not exhausted all lower levels of conservative care, and does not have physical findings to support surgical intervention at this time. A total knee replacement would not be indicated. As such, the requested right total knee replacement is not medically necessary or appropriate.