

<b>Case Number:</b>	CM13-0050213		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/30/2013
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2013

### 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 Pennsylvania. 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:

This is a 68-year-old gentleman who sustained a left knee injury as a result of a work-related slip and fall on January 30, 2013. Following a course of conservative management, a left knee arthroscopy was performed in June 2013 that showed grade III chondral change to the medial femoral condyle and grade III chondral change to the patella and trochlear groove based on review of the operative report. An MRI of the knee report from March 19, 2013 showed chondral change to the lateral femoral condyle as well as patella facet with no evidence of meniscal or ligamentous pathology consistent with the claimant's arthroscopic findings. Assessment following the surgical procedure dated October 25, 2013 with [REDACTED] noted continued complaints of pain about the left knee despite postoperative measures including physical therapy, medication management, and activity restrictions. Examination demonstrated medial joint line tenderness with full range of motion and no instability. Radiographs demonstrated diminished medial joint space. The claimant's diagnosis was underlying osteoarthritic change to the medial femoral condyle. The plan, based on clinical findings, was for unicompartmental arthroplasty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unicompartmental Arthroplasty Left Knee:** 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 Procedure.

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

**Decision rationale:** Based on Official Disability Guideline criteria as the CA MTUS guidelines are silent, unicompartmental arthroplasty is only indicated where there is documentation of one compartment degenerative change and the appropriate clinical indications for arthroplasty are met based on Official Disability Guideline criteria. At present, the claimant would not meet Official Disability Guideline criteria for the role of arthroplasty, as there is no documentation of recent injection therapy having been performed. Furthermore, and more importantly in this case, there is clear documentation of bicompartamental change noted to the medial and patellar compartment on previous arthroscopic assessment. The role of a unicompartmental arthroplasty with clear documentation of significant degenerative change in more than one compartment would fail to necessitate the surgical request as outlined.