

<b>Case Number:</b>	CM13-0052338		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/17/2009
<b>Decision Date:</b>	03/17/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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:

The patient is a 56-year-old female who sustained a work-related injury on 12/17/09. She has undergone left knee arthroscopy with medial and lateral meniscectomy, chondroplasty, and synovectomy. Subjective findings include left knee pain, while objective findings include a BMI of 47.9, diffuse swelling, positive medial joint line tenderness, and limited range of motion. An MRI of the left knee performed on 7/15/10 revealed suspect tear of the posterior horn of the medial meniscus, mild sprain of the anterior cruciate ligament, mild sprain of the medial collateral ligament, and mild to moderate degenerative changes of the medial and lateral femorotibial compartments. Current diagnoses include advanced medial compartment osteoarthritis of the left knee and morbid obesity, and treatment to date has been Viscosupplementation injection, physical therapy, and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**request for outpatient total left knee replacement surgery:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The MTUS does not specifically address the issue at hand, so alternative guidelines were used. The Official Disability Guidelines state that the criteria for recommendation of total knee arthroplasty are documentation of at least two of the three compartments affected, limited range of motion, nighttime joint pain, being over 50 years of age, having a BMI of less than 35, osteoarthritis on standing x-ray or arthroscopy report, and previous conservative treatment, such as physical modality, medications, and either Viscosupplementation injections or steroid injections. Within the medical information available for review, there is documentation of diagnoses of advanced medial compartment osteoarthritis of the left knee and morbid obesity. In addition, there is documentation of at least two of the three compartments affected, left knee pain, and age of over 50 years, an MRI identifying mild to moderate degenerative changes of the medial and lateral femorotibial compartments, and previous conservative treatment, including physical modality, medications, and Viscosupplementation injections. However, there is no documentation of nighttime joint pain. Furthermore, the patient's BMI is 47.9. There was a recommendation for a continued weight loss program to reduce BMI to 35 or less prior to surgery, but without documentation of a six-month failed attempt at weight reduction and a rationale for proceeding with surgery with a BMI greater than 35, the surgery cannot be recommended. Therefore, based on guidelines and a review of the evidence, the request for outpatient left total knee replacement surgery is not medically necessary.

**"Associated surgical service" request for preoperative physical therapy three times a week for three months for the left knee:** 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.