

<b>Case Number:</b>	CM13-0056406		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	10/30/2008
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 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 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 injured worker is a 42-year-old female who reported an injury on 10/30/2008. The mechanism of injury was not submitted. The injured worker was diagnosed with pain in joint of leg and osteoarthritis. The injured worker continued to complain of pain to the knee. The injured worker reported wobbling, clicking, general giving way, and a feeling of instability. The injured worker was using Percocet for pain. It was noted in the Physician's Progress Report dated 12/02/2013 that the injured worker had imaging studies that showed grade 3 to 4 chondromalacia of the medial compartment. It was noted the injured worker had 3 corticosteroid injections previously. It was also note that the injured worker had a worn out knee that had defied conservative treatment and was in need of a total joint replacement. The Physician's Progress Report dated 04/07/2014 stated the injured worker wished to have a knee replacement. The Physician's Progress Report dated 04/28/2014 stated the injured worker was seen for an evaluation for joint replacement. The injured worker continued to have problems with the knee. The injured worker was recommended a hinged knee support brace. A request was submitted for a total left knee replacement.

### 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 cite any medical evidence for its decision.

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

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS)/ American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) does not address the request. The Official Disability Guidelines state criteria for a knee arthroplasty include conservative care, limited range of motion, the patient should be over the age of 50 with a BMI of less than 35, and imaging studies that show significant loss of chondral clear space or previous arthroscopy with documentation of advanced chondral erosion or exposed bone. The documentation submitted for review did not show any recent physical examination findings. Also, no recent imaging studies were submitted for review to show evidence of chondral loss. In addition, the injured worker's BMI was not submitted. Furthermore, the injured worker is less than 50 years of age. Given the lack of documentation to support guideline criteria, the request is not medically necessary and appropriate.