

<b>Case Number:</b>	CM13-0056650		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/08/2008
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	10/25/2013
<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 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 62-year-old who reported an injury on 05/08/2008. The mechanism of injury involved a fall. The patient is diagnosed as status post left Total knee arthroplasty in 05/2011, chronic left knee pain, and hypertension. The patient was seen by [REDACTED] on 10/07/2013. The patient reported severe left knee pain with stiffness and activity limitation. Physical examination revealed 15 degree flexion contracture, medial tightness, lateral laxity, and a well healed intact incision. Radiographs obtained in the office on that date indicated no evidence of lateral subluxation. Treatment recommendations included a revision total knee arthroplasty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A total knee arthroplasty:** 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:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Knee Joint Replacement Section.

**Decision rationale:** The Physician Reviewer's decision rationale: The Knee Complaints Chapter of the ACOEM Practice Guidelines state referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month and a failure of exercise programs to increase range of motion and strength of the musculature around the knee. Official Disability Guidelines state knee arthroplasty is indicated for patients with 2 out of 3 compartments affected. Conservative care should be completed, including exercise therapy and medications, as well as viscosupplementation or steroid injections. As per the clinical documentation submitted, there is no evidence of a failure to respond to conservative treatment including physical therapy, medications, and injections. The patient's body mass index was not provided for review. There were no imaging studies provided for review. The patient's x-rays obtained in the office on 10/07/2013 only indicated no evidence of lateral subluxation. The medical necessity for the requested procedure has not been established. The request for a total knee arthroplasty is not medically necessary or appropriate.

**An assistant surgeon:** 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 or appropriate.

**A three-day inpatient stay:**

**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 or appropriate.