

<b>Case Number:</b>	CM13-0057098		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/17/2012
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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, has a subspecialty in Spine Fellowship, 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 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 patient is an employee has filed a claim for right knee osteoarthritis associated with an industrial injury date of August 17, 2012. The utilization review (UR) from November 15, 2013 denied the request for right knee total knee replacement due to no documentation of total number of physical therapy sessions completed as well as no x-ray results. The treatment to date has included physical therapy, knee surgery, medications, and Viscosupplementation. The medical records from 2013 were reviewed showing the patient complaining of a chronic symptomatic right knee. The patient has difficulty with going up and down stairs as well as pain with squatting and kneeling. Conservative treatment has not had significant benefit. On examination, the patient's BMI (body mass index) was noted to be 29. The right knee was noted to have mild swelling. Range of motion for the right knee was restricted to 120 degrees. Crepitation was also noted. There was tenderness over the medial and lateral joint lines. Instability was not present for the right knee. Motor, sensory, and reflexes were normal for the lower extremity. The previous knee surgery in January 2013 revealed a grade three (3) chondromalacia of the medial compartment of the right knee. The patellofemoral and lateral compartments did not have any evidence of chondromalacia.

### 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 and Leg Chapter, Online Version.

**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, Knee joint replacement

**Decision rationale:** The Official Disability Guidelines states that total knee replacement is recommended for patients who have failed conservative therapy, which includes Viscosupplementation and evidence on imaging or arthroscopy. Total knee replacement is indicated when there are two or more compartments affected. In this case, the previous arthroscopy in January 2013, only demonstrated grade three (3) medial compartment chondromalacia. The other two compartments did not demonstrate similar degeneration. There is no updated imaging to support degenerative disease in two or more compartments. Therefore, the request for total knee replacement of the right knee is not medically necessary.