

<b>Case Number:</b>	CM13-0058249		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/25/2013
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 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 a 57-year-old injured in a work-related fall on July 25, 2013. According to the medical records available for review, the patient reported acute complaints of right knee pain. The report of plain film radiographs, obtained on September 18, 2013, showed tricompartmental degenerative arthrosis, greater laterally than medially. The patient has undergone corticosteroid injection, medical management and activity restrictions. A follow-up noted dated November 11, 2013, indicated subjective complaints of continued pain; it also stated that the patient remains unable to drive comfortably and reports continued disability. Physical examination showed mild crepitation with moderate valgus deformity. The patient was diagnosed with degenerative joint disease of the right knee and has a history of prior left total knee arthroplasty. This request is for right total knee arthroplasty and 12 sessions of post-operative physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT TOTAL KNEE REPLACEMENT:** Overturned

**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 (ODG) TREATMENT IN WORKER'S COMP, 18TH EDITION,

**Decision rationale:** California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. According to Official Disability Guidelines, the patient would be a reasonable candidate for total joint arthroplasty. The patient's body mass index is 33. She is 56 years of age and has been documented as having failed conservative care, including injections, activity restrictions and medications. While the patient's injury occurred in July 2013, all necessary Official Disability Guidelines criteria for arthroplasty -- including age and body mass index - are met. The treating physician's November 2013 report notes bone-on-bone changes to the lateral compartment. The request for a right total knee replacement is medically necessary and appropriate.

**"ASSOCIATED SURGICAL SERVICE". POST-OPERATIVE PHYSICAL THERAPY THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS FOR THE RIGHT KNEE:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The Postsurgical Treatment Guidelines would support the requested twelve sessions of post-operative physical therapy in this case. The request for post-operative physical therapy for the right knee, three times weekly for four weeks, is medically necessary and appropriate.