

<b>Case Number:</b>	CM13-0059241		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/19/1998
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	11/26/2013
<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 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 claimant is a 63-year-old gentleman who was injured in a work related accident on October 19, 1998 sustaining an injury to the right lower extremity. Clinical records available for review indicate the claimant is with the diagnosis of advanced degenerative arthritis. He is noted to be status post prior arthroscopy in 2008. Recent clinical records include an October 29, 2013 progress report indicating radiographs showing bone on bone changes with severe degeneration to the medial compartment with physical examination showing restricted range of motion from 0 to 100 degrees, crepitation and tenderness noted about the joint line. It was stated at that time that the claimant had failed conservative care including two prior arthroscopies. Based on continued symptomatic findings, surgical intervention in the form of knee arthroplasty was recommended for further definitive care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right total arthroplasty:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AAOS Clinical Guidelines on Osteoarthritis of the Knee and ODG Indications for Surgery- Knee Arthroplasty.

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

**Decision rationale:** The California MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, total joint arthroplasty in this individual would appear warranted. The claimant is greater than 63-years-old with failed conservative care and severe degenerative medial bone on bone changes. The role of arthroplasty based on failed conservative measures to date would appear to be medically warranted.

**Inpatient stay 2-3 days:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation on AAOS Clinical Guidelines on Osteoarthritis of the Knee and ODG Indications for Surgery- Knee Arthroplasty

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Procedures, Knee Joint Replacement and Hospital Length of Stay.

**Decision rationale:** The California MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, two to three day inpatient length of stay would be Standard of Care for the above procedure and would be supported based on clinical records for review.

**Perioperative skilled nursing care with physical therapy and occupational therapy:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Procedures, Skilled Nursing Facility Care.

**Decision rationale:** Based on California MTUS Postsurgical Rehabilitative Guidelines and supported by Official Disability Guideline criteria, perioperative skilled nursing care with therapy would be supported. The role of operative intervention in this case would lend itself to the need for postoperative physical therapy intervention and skilled nursing.

**Skilled Nursing Facility 5-7 days:** Overturned

**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 Procedures, Skilled Nursing Facility Care.

**Decision rationale:** The California MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, five to seven days of skilled nursing would appear reasonable given the nature of the claimant's surgical process to be performed and current clinical presentation.