

<b>Case Number:</b>	CM13-0060836		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/05/2013
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 50-year-old female who reported an injury on 04/05/2013. The mechanism of injury was not specifically stated. The patient is currently diagnosed with left knee osteoarthritis, status post a left knee arthroscopy on 05/22/2013. The patient was seen by [REDACTED] on 10/01/2013. The patient reported 8/10 knee pain. Physical examination was not provided on that date. Radiographs obtained in the office indicated very mild narrowing of the joint space of the left knee. It was noted that the patient was not a good candidate for a total knee replacement at that time. Treatment recommendations included additional weight loss and pain management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**In-patient stay 1-2 days:** Upheld

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

**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 Chapter, Hospital Length of Stay.

**Decision rationale:** As the patient's surgical procedure has not been authorized, the current request for an inpatient stay is also not medically necessary. Therefore, the request is non-certified.

**Post op physical therapy x 12 sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

**Decision rationale:** As the patient's surgical procedure has not been authorized, the current request for postoperative physical therapy is also not medically necessary. Therefore, the request is non-certified.

**Left knee lateral unicompartmental 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 arthroplasty

**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 & Leg Chapter, Knee Joint Replacement

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state that a referral for a surgical consultation may be indicated for patients who have activity limitations for more than 1 month and a failure of exercise programs to increase range of motion and strength of the musculature around the knee. The Official Disability Guidelines state, knee arthroplasty is indicated for patients with 2/3 compartments affected. Conservative care should be undertaken, including exercise therapy and medications, as well as viscosupplementation or steroid injections. As per the clinical documentation submitted, there is no evidence of a physical examination. It is noted that the patient was not considered a surgical candidate for a total knee replacement. The patient's x-rays do not reveal visible arthritis. There was also no indication of an exhaustion of conservative treatment. There was no documentation of limited range of motion, nighttime joint pain or functional limitations. The patient's body mass index was also not provided for review. Based on the clinical information received, the patient does not appear to meet the criteria for the requested procedure. As such, the request is non-certified.