

<b>Case Number:</b>	CM13-0067651		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	03/27/2008
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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:

This case involves a 68-year-old male, who was injured in a work-related accident on 03/27/08. The medical records provided for review included an orthopedic assessment on 10/02/13 that noted that the claimant had localized pain in the left knee, worse with activities. His physical examination showed a height of 6 feet 1 inch and a weight of 200 pounds, minimal left knee effusion, and tenderness over the medial lateral joint lines and patellar facets. The claimant was neurovascularly intact. The working diagnosis was advanced degenerative arthritis of the knee and documentation noted that the claimant had failed conservative care, including a corticosteroid injection that was performed on that date. The recommendation was for arthroplasty. The 06/25/13 assessment documented that the prior imaging revealed significant medial compartment wear to the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE (1) LEFT 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 (ODG), TREATMENT INDEX, 11TH EDITION (WEB), 2013, KNEE AND LEG CHAPTER, 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) TREATMENT IN WORKER'S COMP, 18TH EDITION, 2013 UPDATES: KNEE PROCEDURE - KNEE.

**Decision rationale:** The Official Disability Guidelines indicate that surgical arthroplasty of the knee would be recommended as medically necessary. The Guidelines indicate that total hip and total knee arthroplasties are well accepted as reliable and suitable surgical procedures to return patients to function. The claimant has failed reasonable conservative measures. He is 68-years-old, with a body mass index (BMI) of less than thirty-five (35). The claimant meets the Official Disability Guidelines criteria for arthroplasty of the knee. In light of the claimant's continued ongoing complaints and documentation of end stage arthrosis of the knee, the proposed surgery is medically necessary.

**ONE (1) PREOPERATIVE CARDIAC CLEARANCE:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM PRACTICE GUIDELINES, 2ND EDITION (2004), CHAPTER 7.

**Decision rationale:** The MTUS/ACOEM Guidelines support the request for preoperative medical clearance. The Guidelines indicate that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. In light of the planned knee arthroplasty, the claimant's age, and his underlying medical history, preoperative medical clearance would be necessary.

**ONE (1) ASSISTANT SURGEON:** 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 MILLIMAN CARE GUIDELINES, 18TH EDITION: ASSISTANT SURGEON, ASSISTANT SURGEON GUIDELINES (CODES 27256 TO 27465).

**Decision rationale:** The Milliman Care Guidelines recommend the use of an assistant surgeon for knee arthroplasty. Therefore, the request for an assistant surgeon would be medically necessary.

**TWELVE (12) POSTOPERATIVE PHYSICAL THERAPY SESSIONS:** Overturned

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

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

**Decision rationale:** The Postsurgical Treatment Guidelines recommend a total of twenty-four (24) physical therapy visits over ten (10) weeks for rehabilitation after a total knee arthroplasty. Therefore, the request for twelve (12) sessions of initial physical therapy would be medically reasonable and necessary.