

<b>Case Number:</b>	CM13-0068578		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/17/2012
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 claimant is a 41-year-old who experienced an onset of right knee complaints in a work related accident on September 17, 2012 while pushing carts in a parking lot. The records provided for review indicate that since the time of injury she has undergone a surgical arthroscopy for partial medial meniscectomy in December of 2012. The clinical followup report by [REDACTED] on November 26, 2013 documented continued right knee complaints in the medial aspect. Examination showed the claimant to be 5'2" and weighing 219 pounds, an antalgic gait, 0 to 120 degrees range of motion and positive patellofemoral crepitation. The report of the preoperative MRI of the knee dated September 20, 2012 showed a complex tear of the medial meniscus and chondral change to both the medial and lateral compartments. The report documented that the claimant has failed conservative care since surgery including aquatic exercises, medication management, and activity restrictions. Surgical arthroplasty was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INPATIENT TOTAL KNEE REPLACEMENT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. 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, 2013 Updates: Knee Procedure - Knee Joint Replacement.

**Decision rationale:** California ACOEM and MTUS Guidelines do not address arthroplasty of the knee. When looking at the Official Disability Guidelines, surgical arthroplasty of the knee for this 41-year-old individual with a BMI greater than 35 would not be indicated. The Official Disability Guidelines for knee arthroplasty are for individuals greater than 50, with BMI under 35, that have inadequately responded to conservative care. While this individual is noted to have undergone a prior surgical process, there is no documentation that conservative treatment has included corticosteroid injection therapy or viscosupplementation. The request for an inpatient total knee replacement is not medically necessary or appropriate.

**TWO DAY INPATIENT HOSPITAL STAY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary or appropriate.