

<b>Case Number:</b>	CM14-0001109		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	05/27/2010
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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 49-year-old female with a 5/27/10 date of injury. Her subjective complaints include severe pain in the left knee, continued difficulty walking even a block, and pain keeping her awake at night, and objective findings include tenderness along the medial joint line, tenderness under the medial patellar facet, positive patellofemoral crepitation, mild effusion in the left knee, and range of motion is 7 degrees to 125 degrees. Current diagnoses are osteoarthritis of the left knee, and treatment to date has been medication, cortisone injections, and surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT TOTAL KNEE ARTHROPLASTY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. 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.

**Decision rationale:** The MTUS/ACOEM does not address the issue, so alternate guidelines were used. The Official Disability Guidelines state that total knee arthroplasty may be recommended with documentation of at least two of the three compartments affected; subjective findings, such

as limited range of motion and nighttime joint pain; objective findings, including being over 50 years of age and having a BMI of less than 35; imaging findings, such as osteoarthritis on standing x-ray or arthroscopy report; and failure of conservative treatment, including physical modality, medications, and either Viscosupplementation injections or steroid injections. Within the medical information available for review, there is documentation of diagnoses of osteoarthritis of the left knee. In addition, there is documentation of subjective findings and failed conservative treatment; however, there is no documentation of at least two of the three compartments affected, objective findings, and imaging findings. As such, the request is not medically necessary.

**PHYSICAL THERAPY TWO TIMES A WEEK FOR SIX WEEKS TO THE LEFT**

**KNEE:** 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.

**CONTINUOUS PASSIVE MOTION RENTAL FOR 3 WEEKS:** 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.