

<b>Case Number:</b>	CM14-0008897		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	12/15/2011
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 Orthopaedic 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 70-year-old female merchandiser sustained an industrial injury on 12/15/11. The mechanism of injury is unknown. The 1/21/12 left knee MRI (magnetic resonance imaging) impression documented a nearly complete anterior cruciate ligament tear, complex medial meniscus tear, tricompartmental osteoarthritis, and subacute or chronic comminuted fracture of the medial patella. There was an osteochondral defect with significant thinning of the articular cartilage of the medial femoral condyle and medial tibia with adjacent recent bone marrow edema. There was an osseous lesion of the anterior, medial aspect of the distal diaphysis of the femur that may represent a bone infarct or enchondroma. The 12/31/13 utilization review denied the request for left total knee replacement based on a lack of documented medical necessity, including conservative treatment and body mass index. The 1/15/14 appeal letter indicated that the patient had MRI findings of tricompartmental osteoarthritis. The patient had continued left knee pain and had failed conservative treatment, including injection therapy, physical therapy, medication, and bracing. Functional loss in activities of daily living is reported secondary to loss of knee range of motion. Left knee exam findings documented antalgic gait, well healed scars, positive quadriceps atrophy, negative Q-angle, 5/5 motor testing, positive crepitus, and negative varus/valgus laxity. There was tenderness over the medial joint line, lateral joint line, and patellofemoral facet. Apprehension, McMurray, Lachman's and pivot shift tests were negative. The patient was status post left knee arthroscopy. The left total knee replacement surgery was again recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT TOTAL KNEE REPLACEMENT:** 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 AND LEG, KNEE JOINT REPLACEMENT.

**Decision rationale:** Under consideration is a request for left total knee replacement. The California MTUS does not provide recommendations for total knee arthroplasty. The Official Disability Guidelines (ODG) recommends total knee replacement when surgical indications are met. The ODG criteria for knee joint replacement include exercise and medications or injections, limited range of motion (< 90 degrees), night-time joint pain, no pain relief with conservative care, documentation of functional limitations, age greater than 50 years, a body mass index (BMI) less than 35, and imaging findings of osteoarthritis. In this case, this patient has continued knee pain and functional loss of range of motion limiting activities of daily living. MRI (magnetic resonance imaging) findings documented tri-compartmental osteoarthritis. Reasonable non-operative treatments have been tried and have failed. Therefore, this request for left total knee replacement is medically necessary.