

<b>Case Number:</b>	CM14-0105352		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	08/30/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 Pennsylvania. 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 52-year-old male injured in work-related accident on August 30, 2012. The records available for review document a diagnosis of degenerative joint disease of the left knee. A November 23, 2013, MRI scan of the knee shows degenerative joint changes and evidence of prior medial meniscal resection. While osteoarthritis is noted on the MRI report, the extent of degenerative findings is not documented. A progress reported dated May 21, 2014, describes continued complaints of both medial and lateral joint line pain. Physical examination of the left knee showed 0-120 degrees range of motion, positive patellofemoral grind testing and pain with weight-bearing. The record notes that the claimant has been treated with anti-inflammatory agents, medication management and viscosupplementation injections. There is current request for a joint arthroplasty. The claimant's body mass index is documented as 36.6. This request is for left knee arthroplasty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Knee Arthroplasty:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation, Knee Chapter.

**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 MTUS Guidelines do not provide criteria relevant to this request. Based on Official Disability Guidelines, left knee arthroplasty would not be supported. Though the claimant's presentation is consistent with a diagnosis of osteoarthritis, the reviewed records do not specify the degree of cartilage degeneration or the compartment in which the degenerative change is noted. Taking into consideration the fact that the claimant's BMI is greater than 35, which is a contraindication for surgery by the ODG Guidelines, this request for left knee arthroplasty is not established as medically indicated.