

<b>Case Number:</b>	CM14-0108911		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	05/24/2013
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 Internal Medicine 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 injured worker is a 56 year old female whose date of injury is 05/24/13 when she slipped on water and fell landing on her left knee. She is status post left knee arthroscopy on 12/14/13. Per notice of utilization review findings dated 03/11/14, the injured worker was certified to undergo a series of Supartz injections to the left knee, quantity three. Progress report dated 05/27/14 indicated that the injured worker has had extensive treatment to date has included medications, physical therapy, NSAIDs, injections and bracing, all of which have not helped. Examination of the left knee revealed mild swelling; range of motion 0-120 degrees with crepitation; tenderness to palpation diffusely in the knee, with stable ligamentous exam. The injured worker was recommended to undergo a total knee replacement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Total Knee Replacement:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (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) Knee, Knee joint replacement

**Decision rationale:** According to the Official Disability Guidelines (ODG), criteria for total knee arthroplasty includes failure of conservative care; subjective clinical findings including limited range of motion of less than 90 degrees and nighttime pain with no relief from conservative care and documentation of current functional limitations; objective findings of over 50 years of age and BMI of less than 40; and osteoarthritis on standing x-ray or previous arthroscopy. There is no documentation of the injured worker's body habitus/BMI, and no standing x-rays or previous operative report of left knee arthroscopy was provided with evidence of multicompartement osteoarthritis. Based on the clinical information provided, medical necessity is not established for Left Total Knee Replacement. As, such the request for left total knee replacement is not medically necessary and appropriate.