

<b>Case Number:</b>	CM14-0015985		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	01/24/1972
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 Texas. 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 67-year-old male who reported an injury on 01/24/1972. The mechanism of injury was not provided for review. The patient reportedly sustained an injury to his shoulder, lumbar spine, and bilateral knees. The injured worker's treatment history included physical therapy, an intrathecal pain pump, multiple medications, injections, and surgical intervention. The patient underwent an MRI on 12/27/2013. It was documented that there was evidence of a previous arthroscopic debridement; an intact appearance of the lateral meniscus, tricompartment osteoarthritis considered moderate and mild knee joint effusion. The patient was evaluated on 01/07/2014. It was noted that the patient had good results from the corticosteroid injection. However, no physical exam findings were provided at that appointment. The patient's assessment and plan included a partial knee replacement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 LEFT KNEE MEDIAL PARTIAL REPLACEMENT MAKOPLASTY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 211-212. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Knee arthroplasty.

**Decision rationale:** The American College of Occupational and Environmental Medicine recommends surgical intervention for the knee when there are clear clinical and imaging findings of a lesion that would benefit from surgical intervention that have failed to respond to conservative treatment. The clinical documentation does support that the patient has a long history of knee pain that has been treated with multiple conservative measures that have not provided any significant lasting benefit. However, the injured worker's clinical documentation does not include physical examination findings of objective functional deficits that would require surgical intervention. Official Disability Guidelines recommend total knee arthroplasty for patients who have limited range of motion of less than 90 degrees with nighttime joint pain and a body mass index of than 35. The clinical documentation submitted for review does not provide any evidence of the patient's body mass index or range of motion deficits to support the need for surgical intervention. There is no documentation of functional deficits such as nighttime pain to support the need for surgical intervention. As such, the requested left knee medial partial replacement MAKOplasty is not medically necessary or appropriate.

**3 DAY STAY AT [REDACTED]:** 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:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.