

<b>Case Number:</b>	CM14-0016050		
<b>Date Assigned:</b>	06/04/2014	<b>Date of Injury:</b>	01/09/2013
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	01/10/2014
<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 Ohio, Tennessee, and 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 63-year-old male who reported a work related injury on 01/09/2013. The mechanism of injury reportedly occurred when he was delivering diesel and was walking up a steep hill; the injured worker twisted his left knee and was able to catch himself and did not fall. His diagnoses were noted to include tear of medial cartilage or meniscus of knee, history of knee arthroscopy and osteoarthritis of the lower leg. His past treatments were noted to include medication and surgical intervention. His diagnostic studies were noted to include an MRI of the left knee on 03/18/2013, which revealed a longitudinal horizontal tear of the body of the medial meniscus and small inner margin radial tear at the junction of the body and posterior horn; severe patellofemoral joint osteoarthritis with full thickness chondral loss and prominent subchondral reactive marrow edema; milder focal chondral loss and fissuring of the medial femorotibial compartment; small joint effusion with moderately large popliteal cyst; an x-ray of the left knee on 06/11/2013 revealed moderate degenerative changes. Surgical history was noted to include left knee arthroscopy with medial meniscus debridement and chondroplasty on 08/01/2013. Per clinical note 01/02/2014, the injured worker complained of pain. The injured worker stated the pain felt the same. The left knee pain was constant and dull. The injured worker rated the pain level as a 5/10 and was aggravated by prolonged weight bearing. On examination of the left knee there was normal range of motion, no swelling, no effusion, no ecchymosis, no deformity, no erythema, no lateral collateral ligament laxity, no bony tenderness and no medial cruciate ligament laxity. Tenderness was noted. There was medial joint line tenderness. The injured worker had normal sensation, strength and gait. His current medications were noted to include hydrocodone/acetaminophen and meloxicam. The treatment plan was to undergo left knee arthroplasty. The rationale for the request and a Request for Authorization form was not submitted for review.

## 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and leg, Knee joint replacement and 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:** The request for a left total knee arthroplasty is not medically necessary. The Official Disability Guidelines state criteria for a knee joint replacement includes; conservative care such as exercise therapy and medications, as well as subjective clinical findings to include limited range of motion less than 90 degrees, night-time joint pain and no pain relief with conservative care and documentation of current functional limitations demonstrating necessity of intervention. Additionally, the patient must be over 50 years of age and body mass index of less than 40, where increased BMI poses elevated risks for postop complications. Moreover, imaging clinical findings must show osteoarthritis on standing x-ray documenting significant loss of chondral clear space in at least 1 of the 3 compartments, with varus or valgus deformity an indication with additional strength; or previous arthroscopy documenting advanced chondral erosion or exposed bone, especially if bipolar chondral defects were noted. In regard to the injured worker, the clinical notes submitted for review lacked evidence of the injured worker's body mass index and evidence of recent physical therapy and failed injections to support the request for left total knee replacement at this point. Additionally, the guidelines recommend subjective clinical findings to included limited range of motion, less than 90 degrees, and nighttime joint pain and documentation of functional limitations demonstrating the necessity of the intervention. The documentation does not provide evidence that the injured worker's range of motion was less than 90 degrees and that the injured worker was experiencing nighttime pain. Moreover, there was no documentation of functional limitations due to the injured worker's symptoms. Therefore, the request for total knee replacement is not medically necessary.