

<b>Case Number:</b>	CM14-0017517		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	05/19/2010
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 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 claimant is a 51-year-old female who was injured in a work related accident on May 19, 2010. The records provided for review pertaining to the claimant's right knee included a surgical report dated September 28, 2010 indicating that a right knee medial meniscal tear was treated by partial meniscectomy and that grade III changes of the medial femoral condyle were seen. The December 10, 2013 progress report noted right knee pain for a diagnosis of osteoarthritis. Examination demonstrated tenderness to both medial and lateral joint lines as well as patellofemoral region, a varus deformity, patellofemoral crepitation and a mild effusion. Motion was documented as 0 to 110 degrees with positive Lachman and McMurray's testing. The report documented that a course of conservative care included viscosupplementation, medication management, physical therapy and work modifications. The recommendation was made for total joint arthroplasty. The claimant's height, weight and body mass index were not available in the records reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1-2 DAY IN PATIENT STAY:** 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**PRE-OP MEDICAL CLEARANCE:** 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**PRE-OP LABS (EKG):** 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**RIGHT TOTAL KNEE REPLACEMENT SURGERY:** 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), Knee And Leg; Knee Joint Replacement.

**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 and ACOEM Guidelines do not address knee arthroplasty. When looking at the Official Disability Guidelines, the request for right total knee replacement cannot be recommended as medically necessary. The ODG Guidelines in regards to joint replacement procedures recommend an age greater than 50 years and a body mass index of less than 35. While the claimant is 51 years old, there is no documentation to determine that his body mass index meets the ODG Guideline as there is no documentation of the claimant's current height or weight. There are also no imaging reports available for review to confirm end stage degenerative arthrosis as the diagnosis. Therefore, the request for right total knee replacement would not be deemed necessary.