

<b>Case Number:</b>	CM14-0115205		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	01/31/2007
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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 Surgeon 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 48-year-old male who reported an injury on 01/31/2007 due to a slip and fall. On 01/20/2014, the injured worker presented with persistent right knee pain. On examination of the left knee, the range of motion values was 0 degrees of extension, and 130 degrees of flexion. There was 1+ positive effusion, a positive McMurray's and a positive Apley's test. The left knee was also positive for compression, inhibition, and crepitus. There was medial and lateral joint line tenderness in the bilateral knees. An x-ray of the left knee revealed a 2 mm medial joint space and 4 mm in the lateral compartment, degenerative joint disease of the left knee, and status post total knee replacement of the right knee. The diagnoses were status post arthroscopy with meniscectomy of the medial and lateral left knee on 2 occasions. The injured worker underwent a total knee replacement for the left knee on 01/14/2011 and another left knee surgery on 05/13/2013 including medial and lateral meniscectomy and chondroplasty affecting all 3 compartments. Prior therapy also included medications. The provider recommended left knee total knee replacement, the provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee 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 arthroscopy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Knee Joint Replacement.

**Decision rationale:** The request for left knee total knee replacement is not medically necessary. The Official Disability Guidelines state that the majority of the injured workers who undergo total joint replacement are able to maintain a moderate level of physical therapy, and some maintain very high levels of activity. Indications for total knee surgery include failure to respond to conservative care including exercise and medications, limited range of motion, age 50 years or older with a body mass index of less than 35, and imaging findings of osteoarthritis with a standing x-ray documenting significant loss of chondral clear space in at least 1 of 3 compartments with varus or valgus deformity and an indication with additional strength, or previous arthroscopy documenting advanced chondral erosion or exposed bone, especially if bipolar chondral defects are noted. There is lack of documentation in regards to the injured worker's inability to respond to conservative treatment. The injured worker's range of motion for the left knee was within the normal limits of 0 degrees of extension and 130 degrees in flexion. The injured worker does not meet the age criteria submitted in the guidelines of being over 50 years of age, and clarification is needed as to if the injured worker's body mass index is less than 35. There is lack of evidence of symptoms diagnosis findings congruent with the guideline recommendations for total knee replacement therefore, this request is not medically necessary.