

<b>Case Number:</b>	CM14-0120595		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	12/14/2006
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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 Orthopaedic 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:

This 62-year-old female sustained an industrial injury on 12/14/06. The mechanism of injury was not documented. She underwent left knee arthroscopy with medial meniscal debridement and chondroplasty on 8/8/07. Intraoperative findings documented grade IV changes in the femoral trochlea and medial femoral condyle. Past medical history was positive for a patellar fracture that was treated non-operatively. Records indicated the patient had persistent left knee pain and swelling. A request for left total knee replacement, left knee Zimmer magnetic resonance imaging (MRI), home health, physical therapy, and durable medical equipment was submitted. The 7/3/14 utilization review denied the left total knee replacement and associated requests, as there was no imaging available since the arthroscopy findings of 8/8/07. There was also no documentation of conservative treatment, nighttime pain, current function limitations or body mass index. The 7/21/14 treating physician report indicated that symptoms have been progressively disabling. There was some degree of pain all the time, aggravated by any significant weight bearing activity and worse at night. There was constant swelling and knee crepitus. The patient used Aleve and Vicodin without benefit. She had a course of viscosupplementation without sustained improvement. She used a Bionicare brace, which did not afford prolonged benefit. Physical exam documented height 5'2 and weight of 202 pounds (BMI 36.9). Left knee findings documented trace effusion and pretibial edema, range of motion 15-105 degrees, moderately severe patellofemoral crepitus, and medial joint line tenderness. The treating physician requested a course of physical therapy and x-rays were ordered.

### 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-TWC), Knee and Leg, Procedure Summary (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 and Leg, Knee Joint Replacement.

**Decision rationale:** The California MTUS does not provide recommendations for total knee arthroplasty. The Official Disability Guidelines recommend total knee replacement when surgical indications are met. Specific criteria for knee joint replacement include exercise and medications or injections, limited range of motion (< 90 degrees), nighttime joint pain, no pain relief with conservative care, documentation of functional limitations, age greater than 50 years, a body mass index (BMI) less than 35, and imaging findings of osteoarthritis. Guidelines criteria have not been met. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment, including exercise, has been tried and failed. There is a current request for physical therapy. The patient's body mass index exceeds guideline recommendations. There is no current documentation of functional limitations. There is no current imaging evidence of osteoarthritis. The most recent imaging findings were noted at the time of the last surgery on 8/8/07. Therefore, this request for left total knee replacement is not medically necessary.

**Left knee "Zimmer" MRI: 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-TWC), Knee and Leg, Procedure Summary (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 and Leg, MRI's (magnetic resonance imaging).

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Home health physical therapy/home health 2-3 times a week for 6 weeks, left knee (Quantity: 6): 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-TWC), Knee and Leg Procedure Summary (Indications for Surgery-Knee arthroplasty).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51, Postsurgical Treatment Guidelines Page(s): 24.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Outpatient physical therapy 2-3 times a week for 6 weeks, left knee (Quantity: 18):** 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-TWC), Knee and Leg, Procedure Summary (Indications for Surgery-Knee arthroplasty).

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.