

<b>Case Number:</b>	CM14-0131593		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	01/30/1984
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 81-year-old male retired high school teacher sustained an industrial injury on 1/30/84. The mechanism of injury was not documented. Past medical history was positive for insulin dependent diabetes. Past surgical history was positive for right knee surgeries and lumbar laminectomy. Records indicated the patient had been diagnosed with right knee traumatic arthritis. The 5/2/14 treating physician report indicated the patient was doing better with medications for his right knee and back pain. Current pain was moderate to severe, grade 5/10. The patient wanted to hold off on total knee replacement surgery due to his age and fear of surgery. Right knee physical exam findings documented antalgic gait, normal lower extremity strength, normal heel/toe walk, well healed scars, swelling, crepitus, medial and lateral joint line tenderness, patellofemoral facet tenderness, and range of motion -20 to 80 degrees. Anti-inflammatory and pain medications were refilled. The patient was reported walking and performing a home exercise program. The 6/6/14 treating physician progress report cited worsening right knee pain. Pain was moderate to severe with walking, standing, or climbing. Physical exam was unchanged. The diagnosis was right knee degenerative joint disease, contracture right knee, and chronic low back status post lumbar spine surgery. The treatment plan requested authorization for right total knee replacement. The 7/24/14 utilization review denied the right total knee replacement and associated requests based on an absence of documented imaging evidence of moderate to severe osteoarthritis in 2 or more compartments and no indication of recent conservative treatment or response.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right 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, Knee & Leg (updated 06/05/14)- Knee joint replacement ODG, Indications for Surgery -- Knee Arthroplasty: Criteria for knee joint replacement: Conservative Care: Subjective Clinical Findings: Objective Clinical Findings: Imaging Clinical Findings.

**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 replacement. The Official Disability Guidelines recommend total knee replacement when surgical indications are met. Specific criteria include exercise and medications or injections, limited range of motion (< 90 degrees), night-time 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 current documentation that there has been recent and comprehensive conservative treatment that has failed to control symptoms. There is no current weight or height documentation to allow for calculation of body mass index. There is no standing x-ray report or operative report documenting significant osteoarthritis affecting two or more compartments. Therefore, this request is not medically necessary.

**Post-operative Physical Therapy 3 x week x 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation As the requested surgical procedure is denied, the request for Post-operative physical therapy, 3 times a week for 6 weeks is not applicable and is also denied.

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

**Decision rationale:** As the surgical request is not supported, this request is not medically necessary.

**Vascutherm 4 w/DVT Cold Compression, 21 day rental: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (updated 06/05/14), Continuous-flow cryotherapy: see also Cold/heat packs. Venous thrombosis As the requested surgical procedure is denied, the request for DME: Vascutherm 4 w/DVT Cold Compression, 21 day rental is not applicable and is also denied.

**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, Cold compression therapy, Venous Thrombosis.

**Decision rationale:** As the surgical request is not supported, this request is not medically necessary.