

<b>Case Number:</b>	CM14-0131898		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	08/03/2011
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	08/06/2014
<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 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:

This is a 43-year-old male with an 8/3/11 date of injury. He was injured when he was carrying a ladder down steps, slipped, and fell onto his knees and twisted his lower back. On 7/11/14, the patient reported 4-8/10 pain in his right knee, lumbar spine, and right shoulder. Objective exam showed 0-120 degrees of painful motion, patellofemoral crepitus, 5/5 quad strength, and negative McMurray's test. The UR decision on 8/6/14 documented that a peer-to-peer conversation occurred and the provider wished to hold off on the knee replacement request until the imaging studies, including a MRI of the right knee, could be completed. Diagnostic Impression: r/o Right Knee Meniscal Pathology, r/o Pseudoarthrosis. Treatment to date: medication management, activity modification, PT, s/p right knee arthroscopy, Orthovisc Injections x 5. A UR decision dated 8/6/14 denied the request due to the fact that a peer-to-peer conversation took place and the provider agreed to hold off on the request for surgery until a knee MRI was completed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Right Knee Replacement Arthroplasty: 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 Chapter, <http://www.aaos.org/news/aaosnow/oct12/clinical18.asp> 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 Chapter: Total Knee Replacement.

**Decision rationale:** CA MTUS does not address this issue. ODG criteria for TKR include conservative care including Viscosupplementation injections or Steroid Injection, limited range of motion, nighttime joint pain, and no pain relief with conservative care; over 50 years of age and Body Mass Index (BMI) of less than 35; and osteoarthritis on imaging or arthroscopy report. However, there was no official MRI report or arthroscopy report provided for review. The previous UR decision on 8/6/14 indicated that a peer-to-peer discussion took place and it was agreed upon that the orthopedic surgeon would hold off on the request for the arthroplasty until the knee MRI was completed. In addition, there is no documentation of the patient's BMI. Therefore, the request for Right Knee Replacement Arthroplasty is not medically necessary.