

<b>Case Number:</b>	CM14-0136413		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	05/21/2008
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 65 year old female who sustained a vocational injury on 05/21/08. The medical records provided for review documented that the claimant underwent left knee arthroscopy on 09/20/13. The office note dated 07/10/14 documented complaints of bilateral knee pain with locking and instability, right greater than left, status post bilateral knee arthroscopies. Examination showed medial and lateral joint line tenderness and patellar crepitus on flexion and extension of both knees. There were well healed incisions over both knees. The claimant ambulated with an antalgic gait. The diagnosis was knee tendinitis, bursitis and a current tear of the medial cartilage of the meniscus of the knee. Documentation of conservative care to date included anti-inflammatories and post operative physical therapy following the previous arthroscopies. The report of x-rays of the right knee dated 06/13/14 showed bone to bone contact medially with significant diminishment of joint space laterally. There was almost total obliteration of the patellofemoral joint space and posterior patella spurring. This review is for right total knee arthroplasty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right total knee arthroplasty:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

**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 & Leg chapter; total knee arthroplasty.

**Decision rationale:** The California ACOEM Guidelines recommend that prior to considering surgical intervention for all knee complaints, there should be documentation of failure of exercise programs to increase range of motion and strength of the musculature around the knee. The Official Disability Guidelines note specific criteria which should be met prior to considering knee arthroplasty to include exercise therapy and medications unless contraindicated, viscosupplementation injections or steroid injection, limited range of motion and night time pain and no pain relief with conservative care, over 50 years of age and a body mass index of less than 40, and radiographic/diagnostic studies or intraoperative confirmation of end stage arthritis, at least one of three compartments. The medical records provided for review do not contain documentation that the claimant has failed a formal course of injection therapy which would be recommended prior to considering total knee replacement. There is a lack of documented recent abnormal physical exam objective findings establishing medical necessity of the requested procedure. There is a lack of documentation to determine the claimant's body mass index, which would be imperative to know prior to considering surgical intervention. Therefore, based on the documentation presented for review and in accordance with California ACOEM Guidelines and Official Disability Guidelines, the request for the right total knee arthroplasty cannot be considered medically necessary.

**Three Synvisc injections to the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee & Leg chapter; hyaluronic acid injections

**Decision rationale:** The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. The Official Disability Guidelines note that prior to considering viscosupplementation, there should be failure to respond to aspiration and injection of intra-articular steroids. Currently, there is no documentation to suggest that the claimant has had a cortisone injection which is recommended prior to considering and proceeding with viscosupplementation and subsequently, the request cannot be considered medically necessary.