

<b>Case Number:</b>	CM14-0152487		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	02/02/2006
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 51-year-old female employment specialist reported an industrial injury on 2/2/06 relative to a slip and fall. The patient underwent right knee arthroscopy with partial lateral meniscectomy, chondroplasty, and lateral release on 2/8/10. She underwent left knee arthroscopy with partial lateral meniscectomy, chondroplasty of the patella and medial femoral condyle, lateral retinacular release, and cartilage harvesting for autologous chondrocyte implantation on 9/22/10. Prior treatments included physical therapy, corticosteroid injection, viscosupplementation injections, and medications. The 1/27/14 psychological evaluation report regarding her severe pain syndrome recommended psychological treatment for her current psychological immobilization and feelings of helplessness and negativity. The 3/20/14 AME report cited grade 6-7/10 neck, low back, bilateral knee, and bilateral foot pain with numbness and tingling in her feet. Pain was improved with medication and rest. Bilateral knee exam documented suprapatellar swelling with diffuse tenderness and no effusion. Anterior and posterior drawer, pivot shift, and Lachman's tests were negative. Collateral ligaments were stable. McMurray's test was difficult to test secondary to pain. The patella sat in a neutral position. There was grating on the under surface of the patella. Patellar compression and apprehension tests were negative. Range of motion was 0-100 degrees on the right and 0-135 degrees left. Motor strength was good. The patient was opined a future candidate for bilateral total knee replacement. Given her multiple marked pain complaints, a trial of a functional restoration program was recommended to give her better coping mechanisms to deal with her chronic pain and give her an exercise program for her various body parts and help her avoid surgery for a while. The 6/25/14 right knee MRI impression documented moderate to severe degenerative changes at the patellofemoral compartment with areas of full thickness cartilage loss and subjacent reactive bone marrow edema. There was mild free edge tearing of the medial

meniscus posterior horn, small joint effusion, and small popliteal cyst. The 7/31/14 treating physician report cited global bilateral knee pain. Bilateral knee exam documented normal alignment with medial and lateral tenderness, and severe patellofemoral crepitus and grind. Range of motion was 0-120 degrees bilaterally. Right knee x-rays showed grade 4 changes in the patellofemoral joint and mild to moderate medial and lateral joints. Left knee x-rays showed moderate to severe patellofemoral arthritis, mild in the medial and lateral joint surfaces. The treatment plan recommended staged bilateral total knee replacements. The 8/18/14 utilization review denied bilateral total knee arthroplasty and associated requests as there was insufficient documentation of recent conservative treatment, body mass index, or treatment for the chondromalacia patella. Imaging indicated that only the patellofemoral compartment was severely involved with mild to moderate medial and lateral compartment arthritis.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Total knee arthroplasty to right knee (first): 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 and Leg (updated 06/05/14)

**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 knee arthroplasty. The Official Disability Guidelines recommend knee joint replacement when surgical indications are met. If only one compartment is affected, a unicompartmental or partial replacement may be considered. If 2 of the 3 compartments are affected, a total joint replacement is indicated. Specific criteria for knee joint replacement 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. Guideline criteria have not been met for a total joint replacement. Imaging findings documented significant osteoarthritis in the patellofemoral compartment, with mild to moderate medial and lateral arthritis. Current range of motion exceeds guideline criteria and body mass index is not provided. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Psychosocial/functional restoration evaluation and treatment and exercise recommendations are noted to assist in the management of multiple marked pain complaints prior to surgical intervention, without outcomes yet fully delineated. Therefore, this request is not medically necessary.

#### **Total knee arthroplasty to left knee (second): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg (updated 06/05/14)

**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 knee arthroplasty. The Official Disability Guidelines recommend knee joint replacement when surgical indications are met. If only one compartment is affected, a unicompartmental or partial replacement may be considered. If 2 of the 3 compartments are affected, a total joint replacement is indicated. Specific criteria for knee joint replacement 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. Guideline criteria have not been met for a total joint replacement. Imaging findings documented significant osteoarthritis in the patellofemoral compartment, with mild medial and lateral arthritis. Current range of motion exceeds guideline criteria and body mass index is not provided. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Psychosocial/functional restoration evaluation and treatment and exercise recommendations are noted to assist in the management of multiple marked pain complaints prior to surgical intervention, without outcomes yet fully delineated. Therefore, this request is not medically necessary.

**Post operative appointment with orthopedic surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**12 Post operative physical therapy sessions to both right and left knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**Continuous passive motion (CPM) machine rental for two to four weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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