

<b>Case Number:</b>	CM14-0162258		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	06/25/2012
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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, and is licensed to practice in New York. 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 patient is a 64-year-old male who injured his right knee on June 25, 2012. The patient is diagnosed with right knee internal derangement and had surgery. MRI of the right knee from August 2012 shows medial meniscus tear. There is cartilage degradation in the medial compartment. The patient underwent right knee arthroscopy and partial lateral meniscectomy in 2012. He's had physical therapy and medications with no improvement. X-rays of the right knee shows severe degenerative changes. Physical examination reveals swelling and crepitus. Range of motion is 0-110. The patient continues to have pain. At issue is whether total knee replacement is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgical assistant:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Other Medical Treatment Guideline or Medical Evidence: Official Disability Guidelines (ODG) Knee Chapter.

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

**12 post-operative therapy visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**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.

**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 (ODG) CHAPTER: KNEE AND LEG

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Chapter: Knee and Leg.

**Decision rationale:** This patient does not meet establish criteria for total knee replacement at this time. Specifically the medical records do not document the patient has had an adequate trial and failure of conservative measures to include cortisone injections. Since the patient has not completed adequate conservative measures to include knee injection therapy, total knee replacement is not medically necessary at this time.