

<b>Case Number:</b>	CM14-0022163		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	07/09/2010
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 has a subspecialty in Spine Surgery 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 61-year-old with a date of injury of July 9, 2010. He has a history of prior right total knee arthroplasty with persistent difficulties. His left knee is currently painful. Patient had physical therapy and multiple cortisone injections to the left knee in which he reported improvement. Ultrasound the left knee documented swelling in the suprapatellar pouch. Radiographs of the left knee documented progressive varus deformity of the left knee. There were no significant changes in the radiographs when compared to previous radiographs taken in October 2013. At issue is whether total knee arthroplasty is medically necessary at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LEFT CONFORMIS TOTAL KNEE ARTHROPLASTY: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Knee & Leg, Knee joint replacement.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg - Knee joint replacement.

**Decision rationale:** The medical records indicate the patient achieve significant improvement with intra-articular steroid injection. The medical records do not document a comprehensive left

knee orthopedic physical examination or neurologic exam and the left leg. In addition there is no description of weight bearing x-rays of the left knee. In addition, the patient's BMI and comorbidities history are not clearly documented in the chart. BMI of a 35 is a contraindication to total knee procedure. Therefore, the request for left conformis total knee arthroplasty is not medically necessary and appropriate.