

<b>Case Number:</b>	CM14-0023168		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	08/20/2012
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 36-year-old male with a 08/20/2012 date of injury. A specific mechanism of injury was not described. s/p left knee arthroscopy, debridement, and chondroplasty on 2/28/13. 2/20/14 determination was not medically necessary given the records did not contain specific objective findings including a recent BMI measurement. In addition, the patient is 36 years old and guidelines recommend patients to be 50 years or older. 1/23/14 medical report identifies that the knee continues to hurt. Range of motion was 0-110 degrees with mild swelling. An injection of Kenalog was performed. 11/23/13 left knee MRI report revealed localized grade 4 chondral tissue on the medial femoral condyle with subchondral bone irregularity. The medial femoral articular cartilage has an irregular appearance more laterally. There may have been the site of prior cartilage repair procedure. There is again demonstration of irregularity of the patellar apex cartilage but there is no longer evidence of a chondral flap. There is cartilage surface fraying and grade 2-3 chondral fissuring on the medial patellar facet. There appears to be mild surface fraying of the lateral facet articular cartilage. 9/16/13 medical report identified x-rays which revealed minimal joint space narrowing in the patellofemoral or medial compartments. The patient has been treated with medications, physical therapy, HEP, and three Supartz injections on June 2013, which did not provide any relief. The patient also had a cortisone injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE PRE OPERATIVE MEDICAL CLEARANCE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE GUIDELINES, 7 INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Practice Advisory for Preanesthesia Evaluation A Report by the American Society of Anesthesiologists Task Force on Pre-anesthesia Evaluation.

**Decision rationale:** Pre-operative clearance is indicated prior to major surgical procedures, such as a total knee replacement. However, given non-certification of the surgical request, the requested associated request for pre-operative clearance is not medically necessary.

**ONE ASSISTANT SURGEON:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopedics Surgeons: <http://www.aaos.org/about/papers/position/1120.asp>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American Association of Orthopaedic Surgeons: <http://www.aaos.org/about/papers/position/1120.asp>.

**Decision rationale:** The first assistant provides aid in exposure, hemostasis, and other technical functions, which will help the surgeon carry out a safe operation and optimal results for the patient. In this case, given non-certification of the associated surgical request, an assistant surgeon is not indicated.

**ONE LEFT KNEE 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 and Leg Chapter.

**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 Chapter, Knee arthroplasty.

**Decision rationale:** The patient is 36 years old with a diagnosis of osteoarthritis. There has been a prior surgical procedure and extensive conservative treatment. A total knee replacement has been recommended. However, the x-rays revealed only minimal joint space narrowing and only in one compartment. The MRI, as well, only revealed osteoarthritic changes in one compartment. There is no clear indication of osteoarthritis in at least an additional compartment as recommended by ODG for a total knee replacement. In addition, ODG does not recommend a

total knee replacement at such young age. Furthermore, even though the patient's BMI is not a disqualifying criteria for the requested surgical procedure, it would be reasonable to request this information prior to rendering a favorable determination, to comply with guideline recommendations.

**THREE DAYS OF IN PATIENT STAY:** 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), Hospital Length of Stay.

**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 Chapter, Hospital Length of Stay (LOS)ODG hospital length of stay (LOS) guidelines.

**Decision rationale:** The requested total knee replacement was rendered not medically necessary and therefore, inpatient stay is as well not appropriate.