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| <b>Case Number:</b>   | CM14-0030822 |                              |            |
| <b>Date Assigned:</b> | 06/20/2014   | <b>Date of Injury:</b>       | 05/03/2001 |
| <b>Decision Date:</b> | 08/06/2014   | <b>UR Denial Date:</b>       | 03/04/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/11/2014 |

### 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 62-year-old female injured on May 3, 2001. The records available for review note that, when the claimant attempted to sit on a chair, the chair fell and broke, causing her to land on her tailbone. A diagnosis of left knee osteoarthritis is referenced in the records; there is no documentation of prior surgical intervention. A March 14, 2014, follow-up note states that the claimant reported pain in the right shoulder and both knees. She was still requiring Norco, one to two tablets a day, which controlled the pain and allowed her to continue working. Physical examination of the left knee showed tenderness along the lateral joint line and increased pain during McMurray's test laterally. The records state that the right knee was doing well and that mild tenderness was noted medially. This request is for a left total knee arthroplasty, an assistant surgeon, 12 post-operative sessions of physical therapy, and the post-operative use of a continuous passive motion unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient left Total 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.

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

Worker's Comp; 2013 Updates; Knee and Leg Chapter, Knee arthroplasty and ODG Indications for Surgery - Knee arthroplasty.

**Decision rationale:** Based on California MTUS ACOEM and the Official Disability Guidelines, the request for left total knee arthroplasty would not be supported as medically necessary. The records reviewed do not include recent plain-film radiographs or additional diagnostic testing to confirm end-stage joint disease of the left knee. There is lack of significant abnormal physical exam objective findings or subjective complaints establishing the medical necessity for a knee replacement. Furthermore, the documents do not reference treatment with conservative measures, a requirement prior to surgery under guidelines criteria. For these reasons, this request for left total knee arthroplasty is not established as medically necessary and appropriate.

**Assistant 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.

**Twelve (12) Post-operative physical therapy sessions for 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 machine:** 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.