

<b>Case Number:</b>	CM14-0031544		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/12/1990
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 63-year-old female injured on April 12, 2009. The records provided for review document a diagnosis of right knee osteoarthritis, and there is no documentation of prior surgery to the knee. During an office visit on February 7, 2014, the claimant reported increasing pain in the medial aspect of her knee over the past several months. Physical examination of the right knee showed an antalgic gait with varus alignment, a moderate amount of swelling and effusion, as well as medial joint line tenderness. Range of motion was restricted due to pain to -5 to 110 degrees on the right, compared to -5 to 120 degrees on the left. Passively, the right knee was able to be moved from -5 to 120 degrees, compared to -5 to 125 degrees on the left. Range of motion was limited due to swelling. The records note trace amount of valgus stress bilaterally and a positive Apley's grind. X-rays of the right knee showed severe medial joint space narrowing with significant patellofemoral osteophytes consistent with patellofemoral osteoarthritis. The documentation notes that claimant underwent conservative care, including physical therapy, medical management with Mobic, viscosupplementation injections and the use of a cane. The claimant's BMI was noted to be 38.2. A utilization review determination dated February 13, 2014, denied a request for right total knee arthroplasty, stating that severe arthritis existed only in the medial compartment and, thus, the clinical presentation did not meet guidelines criteria. In a March 11, 2014, letter, the treating physician noted that the documentation provided showed severe medial joint space narrowing, as well as significant patellofemoral osteophytes, consistent with patellofemoral arthritis. This request is for right total knee arthroplasty and the post-operative use of a cold therapy unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right 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 Indications for Surgery-Knee arthroplasty.

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 13 Knee Complaints, Page 343-345 and on the Non-MTUS Official Disability Guidelines (ODG) Treatment in Worker's Comp; 2013 Updates, Knee chapter, Total Knee Arthroplasty, Knee joint replacement.

**Decision rationale:** The California MTUS and ACOEM Guidelines do not address this request. Based on the Official Disability Guidelines, the requested right total knee arthroplasty cannot be recommended as medically necessary at this time. The records document that the claimant has subjective complaints consistent with degenerative pathology and physical examination findings consistent with degenerative joint disease. She has also failed a reasonable course of conservative treatment. The medical records also document that the claimant has a BMI of 38.2. The Official Disability Guidelines recommend knee arthroplasty in patients with a BMI under 35. The medical records do not document that the claimant has attempted weight loss or that she is unable to participate in a weight loss program because of her knee pain. While the medical records document that the claimant has severe osteoarthritis in the medial AND patellofemoral compartments, she does not meet the ODG criteria for the surgery due to her elevated BMI. Therefore, the request for a right total; knee arthroplasty cannot be recommended as medically necessary.

**Cold therapy unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Continuous Flow Cryotherapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee chapter:Continuous-flow cryotherapy.

**Decision rationale:** California MTUS Guidelines do not provide criteria relevant to this request. Based on Official Disability Guidelines criteria, this request would not be supported as medically necessary. Continuous flow cryotherapy can be considered medically indicated for up to seven days following total knee arthroplasty. However, continuous cold therapy with compression, such as that provided by Game Ready systems, is not considered medically necessary because the records in this case do not specify the duration or type of continuous cold therapy requested. Due to the absence of that information, this request cannot be established as medically indicated.