

<b>Case Number:</b>	CM14-0034722		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	01/23/2012
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 46-year-old female who was injured in a work related accident on 01/23/12. Clinical records provided for review pertaining to the claimant's left knee include a 04/19/14 progress report documenting ongoing complaints of pain in the left knee for a diagnosis of "early medial compartment arthritis." It states the claimant has been treated conservatively but the types of treatment were not noted. The report documented that weight bearing radiographs on that date showed no joint line narrowing. The report of an MRI dated 05/16/12 showed only mild cartilage thinning at the medial femoral condyle with medial meniscal tearing. No additional documentation detailing the claimant's osteoarthritic findings, response to specific treatment, or examination findings were provided. There is a current request for a medial compartment arthroplasty, a two day inpatient length of stay, and 12 visits of postoperative physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial compartment knee replacement of the left knee:** 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, 18th Edition, 2013 Updates: knee procedure - Knee joint replacement.

**Decision rationale:** Based on Official Disability Guidelines, as California MTUS and ACOEM Guidelines do not address this request, left knee joint medial joint replacement would not be indicated at this time. The records fail to identify medial compartment change that would support the role of a unicompartmental replacement. The claimant's recent plain film imaging demonstrates essentially no degenerative change. There is also a lack of identification of conservative care and documentation of physical examination findings to support the need of surgery. Lastly, there is no documentation within the records to determine the claimant's BMI. The Official Disability Guidelines recommend imaging findings, physical examination findings supportive of osteoarthritis, failure of conservative treatment to include medication and injection therapy, and a BMI of less than 35. This information is not evident and therefore, the request for left knee medial joint replacement cannot be recommended as medically necessary.

**Inpatient Stay of 2 days:** 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 Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Hospital length of stay (LOS).Knee Replacement (81.54 - Total knee replacement)Actual data -- median 3 days; mean 3.4 days ( $\hat{A} \pm 0.0$ ); discharges 615,716; charges (mean) \$44,621Best practice target (no complications) -- 3 days.

**Decision rationale:** The request for left knee medial joint replacement cannot be recommended as medically necessary. Therefore, the request for a two day inpatient stay is not necessary.

**Postoperative physical therapy 8-12 visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The request for left knee medial joint replacement cannot be recommended as medically necessary. Therefore, the request for postoperative physical therapy is not necessary.