

<b>Case Number:</b>	CM14-0036242		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	02/18/2013
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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 Texas. 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 injured worker is a 64-year-old who reported injury on February 18, 2013. The injured worker underwent an MRI of the right knee without contrast on August 6, 2013, which revealed a complex tear of the posterior horn and mid-body of the medial meniscus, intrasubstance degeneration of the lateral meniscus, and a partial re-tear of the ACL, as well as osteoarthritis in the medial compartment with denudation of bony surfaces and mid subchondral bone marrow edema, and flattening and beginning erosion of the cortex. Prior treatments included 12 sessions of physical therapy. The mechanism of injury was a fall. The documentation of January 23, 2014 revealed the injured worker continued to have swelling, pain, and giving way. The injured worker had full passive, active, and symmetric range of motion of the hips, knees, and ankles. There was moderate crepitus and grating with range of motion and tenderness over the medial joint line and medial collateral ligament. There was a range of motion deficit of 10 degrees of full flexion secondary to pain. Biokinetic testing revealed grade IV plus weakness. The sensory examination to light touch, vibratory sense, and pinprick were intact. The injured worker had a positive McMurray's test. The impression included degenerative arthritis of both knees, and chronic bursitis and tendonitis. The treatment plan included an injection. The documentation of February 24, 2014 revealed the injured worker had weakness, stiffness, and pain. The injured worker had atrophy and loss of strength, as well as a positive McMurray's and loss of range of motion. There were lower extremity deficits secondary to degenerative joint disease. The extension was 20 degrees, and the flexion was 15 degrees. The diagnoses were osteoarthritis and torn meniscus in right knee. The treatment plan included a right total knee arthroscopy, and postoperative physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right total knee arthroplasty and lateral release: 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) Knee & Leg Chapter, Knee Joint Replacement.

**Decision rationale:** The Official Disability Guidelines indicate the criteria for knee joint replacement include documentation of exercise therapy and medications; as well as limited range of motion less than 90 degrees for total knee replacement; and nighttime joint pain; and no pain relief with conservative care; as well as documentation of current functional limitations demonstrating the necessity of intervention; plus documentation the injured worker is over 50 years of age and has a body mass index of less than 35; as well as osteoarthritis on standing x-rays. The clinical documentation submitted for review indicated the injured worker had atrophy, loss of strength, and loss of range of motion of less than 90 degrees. However, there was a lack of documentation indicating the injured worker's failure of medications and documentation the injured worker had nighttime joint pain and no pain relief with conservative care. There was a lack of documentation of current functional limitations demonstrating the necessity for intervention, as well as a body mass index of less than 35. There was a lack of documentation of osteoarthritis on standing x-ray; the injured worker had osteoarthritis mainly in the medial compartment on MRI. The Official Disability Guidelines additionally indicate that unicompartmental knee replacement is appropriate or may be considered if only 1 compartment is affected. The injured worker does not meet the criteria for a total knee replacement. Additionally, as the request is not supported, the request in its' entirety, including a lateral release would not be supported. Given the above, the request for right total knee arthroplasty and lateral release is not medically necessary or appropriate.

**Post operative physical therapy, twice weekly for six weeks: 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:** ince the primary procedure is not medically necessary, none of the associated services are medically necessary.