

<b>Case Number:</b>	CM14-0037721		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	07/26/2012
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 57-year-old gentleman who was injured on July 26, 2012 when he sustained a twisting injury to his knee while at work. The medical records for review document that the claimant has severe patellofemoral and medial compartment osteoarthritis. The assessment of March 10, 2014 noted continued left knee complaints despite conservative care including viscosupplementation injections. His physical examination showed medial tenderness with +1 medial collateral ligament laxity, 150 degrees of flexion with pain at end points. Plain film radiographs on that date identified severe osteoarthritis of the knee with medial bone on bone and patellofemoral bone on bone articulation. The claimant's current BMI was documented to be 43. The medical records did not document recent attempts at weight loss. This request is for operative arthroplasty for this individual.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic Technician or Physician Assistant:** 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 Other Medical Treatment Guideline or Medical Evidence: Milliman Care Guidelines 18th edition: assistant surgeonAssistant Surgeon Guidelines

(Codes 27256 to 27465) CPT® Y/N Description 27447 Y Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty).

**Decision rationale:** The proposed left total knee arthroplasty cannot be recommended as medically necessary. Therefore, the request for an assistant for surgical intervention is not necessary.

**3 Days Inpatient 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/Hospital Length of Stay, Knee Replacement.

**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).ODG hospital length of stay (LOS) guidelines:Knee Replacement (81.54 - Total knee replacement)Actual data -- median 3 days; mean 3.4 days ( $\hat{\pm}$  0.0); discharges 615,716; charges (mean) \$44,621Best practice target (no complications) -- 3 days.

**Decision rationale:** The request for left total knee arthroplasty is not recommended as medically necessary. Therefore, the request for three day inpatient stay is not necessary.

**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/Knee and Leg, Indications for Surgery.

**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:** The CA MTUS and ACOEM Guidelines do not address knee arthroplasty. When looking at Official Disability Guideline, the request for left knee total joint arthroplasty would not be indicated. Presently, this individual's BMI is 43 with no attempted recent weight loss documented. While the individual is noted to be with advanced degenerative arthritis that has failed conservative care, his body mass index currently does not meet the Official Disability Guideline that recommends the body mass index to be less than 35. Therefore, the request for left knee arthroplasty cannot be recommended as medically necessary.