

<b>Case Number:</b>	CM14-0042899		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	07/06/2011
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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 injured worker has history of low back (LBP) pain and radiculopathy presented on 3/05/14 with ongoing worsening LBP despite epidural steroid injection. Despite a previous epidural steroid injection which wore off, examination on 03/05/14 demonstrated worsening ROM in multiple planes accompanied with worsening pain. The injured workers most recent MRI heretofore had been 11/30/11 which noted right L5S1 moderate to severe neuroforaminal stenosis. Although there was no specific evidence of nerve root compromise, it is the opinion of this reviewer that the worsening of the examination and poor response to epidural injection demonstrated physiological evidence of tissue insult or nerve impairment especially of the posterior radicular branches. The guidelines support an MRI in conditions such as these. Therefore the request is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Knee Replacement Arthroplasty:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Official Disability Guidelines-Treatment in Workers Compensation, Knee and Leg Procedure Summary (updated 1/20/14), Indications for surgery - Knee arthroplasty

**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 Recommended as indicated below. Total hip and total knee arthroplasties are well accepted as reliable and suitable surgical procedures to return patients to function. The most common diagnosis is osteoarthritis. Overall, total knee arthroplasties were found to be quite effective in terms of improvement in health-related qua

**Decision rationale:** The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on Official Disability Guidelines, the request for left knee total joint arthroplasty would not be indicated. The Official Disability Guidelines recommend the presence of osteoarthritis on imaging, a body mass index of less than 35, and failure of conservative care including medications and viscosupplementation or steroid injections. The documentation provide for review reveals that the claimant has "mild" medial and patellofemoral osteoarthritis. There is also no documentation of the specific conservative care offered to the claimant with the exception of prior knee arthroscopy and physical therapy. There is no documentation of injections or viscosupplementation. There is also no documentation of the claimant's body mass index or additional imaging for review. Based on the documentation of mild osteoarthritis, the requested surgical process is not medically necessary.

**Lower extremity neurodiagnostic studies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Procedure Summary (updated 3/18/14), Nerve conduction studies and electromyography (EMGs)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** The California ACOEM Guidelines do not support the request for electrodiagnostic studies of the lower extremities. While the documentation reveals continued low back complaints, there is no documentation of imaging of the lumbar spine to further assess the claimant's potential compressive pathology. There is currently no indication of recent conservative care for the lumbar spine for review. Given the claimant's isolated physical examination findings, lack of documented conservative care and no prior imaging to the lumbar spine, the acute role of electrodiagnostic studies is not medically necessary.