

<b>Case Number:</b>	CM14-0046904		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	05/11/2011
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 58 year old who injured his left knee on 05/11/11. The clinical records provided for review include the report of a left knee MRI dated 07/18/11 identifying an oblique of the medial meniscus with no other structural abnormality. The claimant underwent left knee prior arthroscopy for medial meniscectomy and synovectomy on 03/28/13. The 02/21/14 follow up report described chronic bilateral knee complaints and continued discomfort of the left knee. Physical examination showed 0 - 120 degrees range of motion and a non-antalgic gait. Physical therapy, medication management and activity restrictions were recommended at that time. Imaging and postoperative conservative treatment was not included in the records reviewed. However, a previous report on 01/17/14 documented that plain film radiographs showed with moderate arthrosis of the bilateral knees. The recommendation was for total joint arthroplasty. due to failed conservative care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Total Knee Replacement Surgery:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg, Knee Joint 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 - Knee joint replacement.

**Decision rationale:** The California MTUS and ACOEM Guidelines do not address this request. The Official Disability Guidelines do not support total joint arthroplasty. The records for review fail to indicate recent attempts at conservative care, including viscosupplementation and/or corticosteroid injection. There is also no current documentation of the claimant's body mass index. The Official Disability Guidelines recommend conservative treatment including steroid injection and viscosupplementation and a BMI less than 35. The absence of the above information would fail to support knee replacement procedure based on the ODG Guideline criteria. The request for Left total knee replacement surgery is not medically necessary.

**Post Op Skilled Nursing Facility:** 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 Skilled nursing facility (SNF) care.

**Decision rationale:** The request for left total knee replacement is not supported as medically necessary. Therefore, the request for a skilled nursing facility visit is also not medically necessary.

**CPM Machine:** 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 -Continuous passive motion (CPM).

**Decision rationale:** The request for left total knee replacement is not supported as medically necessary. Therefore, the request for a CPM device is also not medically necessary.

**Vasotherm:** 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: forearm/wrist/hand procedure - Vasopneumatic devices.

**Decision rationale:** The request for left total knee replacement is not supported as medically necessary. Therefore, the request for a Vasotherm device is also not medically necessary.

**Post Operative PT:** 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 total knee replacement is not supported as medically necessary. Therefore, the request for postoperative physical therapy is not medically necessary.