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| <b>Case Number:</b>   | CM14-0047412 |                              |            |
| <b>Date Assigned:</b> | 08/06/2014   | <b>Date of Injury:</b>       | 11/07/2001 |
| <b>Decision Date:</b> | 09/10/2014   | <b>UR Denial Date:</b>       | 03/04/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/13/2014 |

### 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:

This is a 62-year-old female who was injured 11/07/01. Records indicate an injury to the left knee for which she is with continued complaints of pain. There is documentation of a prior 2003 left knee arthroscopy with debridement and meniscectomy procedure providing some relief. The claimant has thus far been treated since surgery with multiple corticosteroid injections, activity restriction, physical therapy, and work modification. A recent 02/06/14 assessment described continued complaints of pain with plain film radiographs revealing bone on bone medical compartment change and spurring. There was also significant degenerative change of the patellofemoral compartment. The physical examination showed 5 to 110 degrees range of motion, no instability and pain at endpoints. Based on failed conservative care, operative intervention in the form of arthroplasty was recommended for further intervention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 left total knee replacement (at Huntington Memorial Hospital) -: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 18th Edition, 2013 Updates: Knee joint replacement.

**Decision rationale:** California ACOEM and MTUS Guidelines were silent. When looking at Official Disability Guidelines criteria, this individual has not satisfied criteria for the role of arthroplasty. Documentation does not include that this individual's body mass index nor does it demonstrate exhaustion of conservative care including viscosupplementation procedure. While there is documentation of continued complaints of pain and advanced osteoarthritis on imaging, the lack of the above clinical findings would fail to satisfy guideline criteria for joint arthroplasty in this individual.

**3 day hospital stay: Upheld**

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Home health nurse 4 visits (through pcs @ p: 866-932-5779): Upheld**

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Home physical therapy 9 visits (through pcs @ p: 866-932-5779): Upheld**  
**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Oxycontin 20mg qty 20: Upheld**

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Percocet 5/325 mg qty 60: Upheld**

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Norco 10/325 mg qty 60: Upheld**

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.