

<b>Case Number:</b>	CM14-0048987		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	05/17/2010
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 Indiana. 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 50-year-old lady with work-related hyperextension injury to right knee and fall on May 14, 2010. An x-ray of the right knee on 5/15/ 2010 was read as revealing mild degenerative change with no fracture. An MRI of the right knee performed on 7/22/10 revealed tricompartmental OA, severe in the patellofemoral and medial compartments, severe medial meniscus degeneration with a large posterior horn tear, a posteromedial parameniscal ganglion, degeneration of the ACL and PCL and a small medial popliteal cyst and small joint effusion. Initial treatment included ibuprophen, Biofreeze, vicodin, and a knee brace. The claimant had continued problems with knee with pain and swelling despite Orthovisc injections in June 2011 after the claimant was seen complaining of right medial knee pain with intermittent swelling, and increased pain with full flexion, stair climbing and cold weather. The claimant denied experiencing any locking, catching, or giving out of the knee. The claimant had undergone previous steroid injections of the knee. The claimant had an MRI of the knee and surgery for right knee arthroscopy, partial medial meniscectomy and medial plica resection with chondroplasty on 4/8/13. The claimant developed a post-operative culture-positive infection with E. Coli and rare enterobacter cloacae treated with cipro and an arthroscopic washout performed on 5/14/13. She had continued knee pain post-surgery. Repeat labs on 9/20/13 revealed a normal CBC and a normal CRP by history. The claimant at that time was scheduled for a right partial knee arthroplasty and surgery was performed on 2/28/14. Pre-operatively, the claimant had tenderness of the right knee at the medial and lateral patellofemoral joints with diffuse knee swelling and a range of motion of 0 - 95 degrees of knee flexion and no deformity of the knee. The claimant received post-operative physical therapy for the knee for manual therapy, neuromuscular reeducation, therapeutic exercises, and modalities including ultrasound,

ice and electrical stimulation. The treating surgeon has requested retrospectively a three day inpatient stay for elective unicompartmental knee replacement surgery for 2/28/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective three day inpatient stay for elective right knee unicompartmental knee replacement surgery. Date of surgery February 28, 2014.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344. Decision based on Non-MTUS Citation Official Disability Guidelines-Knee and Leg-Indication for surgery.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) Knee and Leg (Acute and Chronic).

**Decision rationale:** According to the ODG Guidelines on Knee Replacement Surgery:ODG Indications for Surgery, - Knee arthroplasty:Criteria for knee joint replacement (If only 1 compartment is affected, a unicompartmental or partial replacement may be considered. If 2 of the 3 compartments are affected, a total joint replacement is indicated.): 1. Conservative Care: Exercise therapy (supervised PT and/or home rehab exercises), medications. (Unless contraindicated: NSAIDs OR Visco supplementation injections OR Steroid injection), 2. Subjective Clinical Findings: Limited range of motion (<90 for TKR), nighttime joint pain, no pain relief with conservative care (as above), documentation of current functional limitations demonstrating necessity of intervention,3. Objective Clinical Findings: Over 50 years of age AND Body Mass Index of less than 35, where increased BMI poses elevated risks for post-op complications, 4. Imaging Clinical Findings: Osteoarthritis on: Standing x-ray (documenting significant loss of chondral clear space in at least one of the three compartments, with varus or valgus deformity an indication with additional strength), or previous arthroscopy (documenting advanced chondral erosion or exposed bone, especially if bipolar chondral defects are noted). (Washington, 2003) (Sheng, 2004) (Saleh, 2002) (Callahan, 1995)There is no documentation in the medical records provided for review of detailed documentation of conservative care and failure of such care, of subjective documentation of functional limitations, of objective physical findings and BMI, or clinical findings on imaging or previous arthroscopic evaluation of the right knee. Without such documentation, a three day inpatient stay for right knee unicompartmental knee replacement surgery is not medically necessary.