

<b>Case Number:</b>	CM14-0049482		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	08/07/1989
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 75 year old gentleman who was injured 08/07/89, injuring his left knee. A 03/18/14 report documented subjective complaints of chronic left knee pain which was worse with weight bearing and aggressive activities. He is status post prior meniscectomy in the 1980s. Records do not indicate recent treatment for the knee. Objective findings showed 0-120 degrees range of motion with a normal ligamentous examination and no other recent findings. Plain film radiographs showed advanced medial compartment and moderate lateral compartment and degenerative change. Based on claimant's current clinical presentation, operative intervention was recommended in the form of arthroplasty. Records fail to demonstrate any recent care in this case. There is no indication of prior injectual therapy, physical therapy or conservative modalities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left total knee replacement:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Criteria for Total 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) Knee Procedure.

**Decision rationale:** Based on Official Disability Guidelines, California MTUS Guidelines were silent regarding arthroplasty. The surgical process in this case would not be indicated. While this individual is noted to be with end stage degenerative change on imaging and pain complaints, there is no documentation of conservative care indicated. Guidelines would support the role of conservative measures including corticosteroid viscosupplementation, physical therapy or medication treatment prior to proceeding with arthroplasty. Without documentation of failure of the above modalities and treatment measures, the request for arthroplasty would not be supported. Therefore the request is not medically necessary.

**3 weeks rental CPM machine:** 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 (Acute and chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Procedure.

**Decision rationale:** The California MTUS Guidelines are silent. Looking at Official Disability Guidelines criteria, a CPM device would not be indicated as the need for operative intervention has not been established. Therefore the request is not medically necessary.