

<b>Case Number:</b>	CM14-0065813		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	06/05/2012
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 is a 55-year-old female who reported injury on 06/05/2012. The mechanism of injury was the injured worker was going down some stairs and noticed 2 ladies were standing on the stairs across from each other and talking. As the injured worker tried to pass through the middle of the two employees, she lost her balance and fell off the stairs. Prior therapies for the left knee were not provided. The injured worker underwent right total knee arthroplasty on 05/10/2013 and was receiving postoperative use of an H-wave unit for that surgical procedure. The documentation of 01/22/2014 revealed a diagnosis of osteoarthritis of the knee. There was no physical examination. There was no DWC form, RFA, PR2, or MRI submitted for the requested procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-op clearance including EKG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://guidelines.gov/content.aspx?id=34053>.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**Left total knee replacement:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & 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) Knee & Leg Chapter, Knee Joint Replacement.

**Decision rationale:** The Official Disability Guidelines indicate the criteria for knee joint replacement include there should be documentation of exercise therapy, medications, limited range of motion, nighttime joint pain, no pain relief with conservative care, and documentation of current functional limitations demonstrating the necessity for intervention. There should be documentation indicating the injured worker is over 50 years of age and has a body mass index of less than 35, and upon standing x-ray has imaging indicating osteoarthritis. There was no objective physical examination to support the request. There was no DWC form, RFA, nor imaging studies to support the request. Given the above, the request for a left total knee replacement is not medically necessary.