

<b>Case Number:</b>	CM14-0072264		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	10/02/2009
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 patient is a 48 year old male with 10/02/2009 date of injury, due to twisting his knee and falling while performing work activities. He underwent right knee arthroscopy in 2010. He recovered with surgery and returned to full work duties. However, over the last several months has developed right knee pain and symptoms. According to records provided, the patient had an orthopedic consultation in December 2013, the patient had complaints of right knee sensation of giving away with associated grating, popping and mild swelling. Physical examination revealed antalgic gait with normal station, boggy soft tissue swelling and tenderness over the medial joint line and over the lateral joint line, to a lesser extent. There is mention of an x-ray that reportedly revealed moderately severe medial arthritis and subtle findings which may represent mild avascular necrosis, although most likely represented degenerative arthritis in nature with mild lateral degenerative spurring. Viscosupplementaion therapy was recommended. A 4/10/2014 progress report indicated the patient reported no symptomatic relief of right knee pain with series of 3 injections. Objective examination reportedly revealed mildly antalgic gait, mild relative genu varum with 2 degrees of valgus, no effusion, 0-120 degrees ROM, mild patellofemoral crepitus with mild positive patellar apprehension testing, tender over the medial and lateral joint lines and minimal ACL laxity. There is mention of x-ray report (of unknown date, and not provided) which reportedly showed advanced OA of the medial compartment with early degenerative changes of the lateral patellofemoral compartment. Recommendation is for right total knee arthroscopy x 3 days LOS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Inpatient Right Total Knee Replacement x3 Days LOS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Procedure Summary.

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

**Decision rationale:** The patient is 48 year old male with right knee pain and prior of right knee medial meniscectomy. Radiographs of the knee are reportedly positive for advanced OA of the medial compartment with early degenerative changes of the lateral patellofemoral compartment, although, the study was not provided for review. It is reported that he did not benefit from a series of 3 injections, it is unclear what type of injections the patient received. There is also no documentation of other recent conservative measures, including NSAID medications, PT/exercise, passive modalities, bracing, and activity modification. Furthermore, the patient has greater than 90 degrees motion, there is no documented nighttime joint pain, nor documented failure of conservative care, and functional limitations demonstrating necessity of surgical intervention are not established. The patient is a young man, and TKR is not indicated. 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). AND Medications. (unless contraindicated: NSAIDs OR Visco supplementation injections OR Steroid injection). PLUS 2. Subjective Clinical Findings: Limited range of motion (<90 for TKR). AND Nighttime joint pain. AND No pain relief with conservative care (as above) AND Documentation of current functional limitations demonstrating necessity of intervention. PLUS 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. PLUS 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).