

<b>Case Number:</b>	CM14-0074830		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/01/2000
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 Texas. 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 68-year-old female who reported an injury on 09/01/2000. Diagnosis was noted to be primary localized osteoarthritis, lower leg. The specific mechanism of injury was not provided. The documentation of 03/25/2014 revealed the injured worker had knee joint pain and knee joint swelling. The injured worker was unable to straighten her knee and had intermittent knee locking and a clicking sensation as well as a grating sensation in the knee. There was a popping sound that was heard in the knee and the injured worker had soft tissue pain. The surgical history was not provided. Physical findings revealed the injured worker had tenderness to palpation and muscle spasms on the knee. Knee motion was abnormal and pain was elicited by motion of the knee. There was tenderness of the knees observed on ambulation. There was an x-ray of the left knee taken, which showed severe osteoarthritis of the left knee. The diagnoses included; osteoarthritis of the knee and knee joint pain. The treatment plan included; weight reduction, anti-inflammatories and a walking aid as well as a left total knee replacement was discussed.

### 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 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 that a knee joint replacement is recommended for injured workers who have osteoarthritis. There should be documentation of a failure of exercise therapy and medications as well as limited range of motion of less than 90 degrees for a total knee replacement and night time joint pain as well as no pain relief with conservative care and documentation of functional limitations demonstrating a necessity for intervention. The injured worker should be over 50 years of age and have a body mass index of less than 35 and have osteoarthritis on standing x-rays. The clinical documentation submitted for review indicated the injured worker had pain in the knee and knee joint swelling. The prior conservative care was not provided. There was lack of documentation indicating the injured worker had a failure of medications. It was noted the knee motion was abnormal; however, there was lack of documentation of limited range of motion of less than 90 degrees and nighttime joint pain as well as no relief with conservative care and documentation of current functional limitations. The injured worker was over 50 years of age and had osteoarthritis. However, there was lack of documentation of the body mass index of less than 35. Given the above, and the lack of documentation, the request for a left total knee replacement is not medically necessary.

**Three (3) day Inpatient Stay:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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.