

<b>Case Number:</b>	CM14-0076483		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	02/05/2007
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Internal Medicine 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:

This is a case of a 66 year old male who has a date of injury of 2/5/2007. He misstep off of a curb and was diagnosed with right knee arthritis and a tear of the medial and lateral menisci. The patient has undergone right knee arthroscopic surgery with postoperative physical therapy. He has also received medications, injections, and physical therapy after partial medial and lateral meniscectomies and chondroplasty for patellofemoral arthritis on 6/2/2010. X-rays of the right knee on 4/18/2014 showed progressive severe arthritis of the right knee. During an office visit on 5/9/2014 with [REDACTED], it was noted that on his prior visit he was given an intra-articular steroid injection in his right knee that only gave him 3 days of relief of his symptoms. He is still having a lot of pain in the knee and is walking with a cane. He is unable to take anti-inflammatory medication due to GI upset. On physical exam, the right knee has normal alignment and no effusion. Range of motion was 0-120 degrees and he also had 2+ patellofemoral crepitus with mild retro patellar facet tenderness. He demonstrated positive lateral joint line tenderness. His BMI was noted to be 40. At that time, it was recommended by [REDACTED] that he get set up for a right total knee replacement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 front wheeled walker:** 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 & leg, walking aids.

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

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

**1 right total knee replacement:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344.

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

**Decision rationale:** Based on the MTUS and ODG, the criteria for knee joint replacement is as follows: 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 physical therapy (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 degrees for total knee replacement); AND Nighttime joint pain; AND there is no 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 and indication with additional strength); OR Previous arthroscopy (documenting advanced chondral erosion or exposed bone, especially if bipolar chondral defects are noted). In this case, the patient had documented lateral compartment disease with tricompartmental bone spurring but his right knee range of motion is 0-120 degrees which is not yet at the cutoff of < 90 degrees for a total knee replacement. There was no documentation of nighttime knee pain. Also, the patient is over 50 years old with a BMI of 40 which puts him at higher risk for post op complications. He therefore does not meet the criteria for a total knee replacement. Therefore, based on the ODG guidelines and the evidence in this case, the request for right total knee replacement is not medically necessary.

**8 post operative home health visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

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

**Skilled Nursing Visits:** Upheld

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

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

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