

<b>Case Number:</b>	CM14-0163352		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	11/20/2007
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 67 Year old male with a date of injury of November 20, 2007. The result of the injury included right knee pain. The injured worker underwent a right total knee replacement on December 23, 2011. He also underwent right knee arthroscopy with lysis of adhesions on April 19, 2014. Treatment included the above surgical procedures and physical therapy. Progress report dated April 29, 2014 noted restriction of knee motion. Flexion was at ninety degrees and extension was at ten degrees. Examination revealed mild swelling. Physical therapy reports include knee mobility and strengthening, passive stretching, manual mobilization, modalities to aid in pain modulation and swelling reduction and home exercise-stretching program. The noted response showed passive right knee extension improvement, tolerance to the dynamic exercise component had increased, as well as gait improvement. Utilization review form dated September 2, 2014 non-certified a revision of total knee replacement, right due to not falling into the criteria per the Official Disability Guidelines require.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Revision of total knee replacement, right knee:** 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 Chapter: Revision total knee arthroplasty

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

**Decision rationale:** The clinical information submitted demonstrates insufficient evidence to support a knee arthroplasty in this patient. There is no documentation from the exam notes from 8/12/14 of increased pain with initiation of activity or weight bearing. There are no records in the chart documenting when physical therapy began or how many visits were attempted. There is no evidence in the cited examination notes of limited range of motion less than 90 degrees. There is no formal weight bearing radiographic report of degree of osteoarthritis. Therefore the guideline criteria have not been met and the request is not medically necessary.