

<b>Case Number:</b>	CM14-0184758		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	02/02/2004
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 New York. 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 70-year-old female with a date of injury of February 2, 2004. The patient has bilateral knee pain. On physical examination the patient has a limited range of motion of the right knee from 10. There is mild swelling in the right knee. McMurray's test is painful. The medical records do not document a palpable clunk on McMurray's test however. Pain is noted over the patellofemoral joint with compression. The knee was noted to be stable on physical examination. X-rays of the knee from October 2014 show severe osteoarthritis in all 3 compartments. At issue is whether total knee replacement is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(1) Right Total Knee Replacement, Inpatient Surgery (unspecified days of inpatient stay):**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Knee & Leg (Acute & Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG knee chapter

**Decision rationale:** ODG guidelines indicate that conservative measures for degenerative knee pain must be completed prior to total joint replacement. The medical records do not document adequate conservative care in this case. There is no recent trial and failure physical therapy for degenerative knee pain documented in the medical records. In addition there is no documentation of injection therapy. Established criteria for total joint replacement surgery not met. Total joint replacement is not medically necessary at this time as more conservative measures are clinically necessary. The request is not medically necessary.