

<b>Case Number:</b>	CM14-0185847		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	12/29/2005
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 Minnesota. 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 history of work related injury on 12/29/2005. He has bilateral knee pain, right more than left. X-ray of the right knee in 2006 revealed minimal osteoarthritis. MRI scan at that time revealed a complex tear of the body and posterior horn of the medial meniscus. Exam on 10/30/2014 revealed a moderate effusion. Bilateral osteoarthritis of the knees, right greater than left was documented. A corticosteroid injection was recommended. A request for a right total knee arthroplasty was non-certified by Utilization Review citing ODG guidelines. There was no evidence of a recent reasonable non-operative treatment protocol of weeks-months with trial/failure submitted. ODG guidelines were not met.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Knee Total Replacement:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

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

**Decision rationale:** The California MTUS guidelines do not address indications for a total knee arthroplasty. ODG criteria were therefore used. The documentation does not include evidence of recent conservative treatment over weeks/months with formal physical therapy, strengthening exercise program and medication, viscosupplementation or corticosteroid injections. Documentation of such a trial and failure is necessary per guidelines. Therefore the requested right total knee arthroplasty is not medically necessary.

**Associated surgical service: Pre-operative cardiac clearance:** 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); Treatment in Workers Compensation (TWC), Integrated Treatment

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

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

**Naprosyn 00mg tablets:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67 and 68.

**Decision rationale:** NSAIDs are not recommended for long term use. Chronic pain guidelines indicate significant gastrointestinal and cardiovascular risk with use of NSAIDs. There is a significant history of hypertension and gastro-esophageal reflux disease documented in the medical records. Therefore the request for Naprosyn tablets 500mg# 60 is not medically necessary per guidelines.