MAXIMUS Federal Services

| Case Number: | CM14-0187287 | | |
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| Date Assigned: | 11/17/2014 | Date of Injury: | 12/14/2009 |
| Decision Date: | 01/06/2015 | UR Denial Date: | 10/20/2014 |
| Priority: | Standard | Application Received: | 11/10/2014 |

## 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 Surgeon, 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 59-year-old female who reported injuries due to repetitive job duties on 12/14/2009. Her diagnoses included insulin dependent diabetes mellitus, hypertension, hyperlipidemia, diabetic retinopathy and hypertensive/arteriosclerotic retinopathy, gastroesophageal reflux disease, chronic gastritis, gastric neuroendocrine hyperplasia, gastric intestinal metaplasia, diminutive tubular adenoma, irritable bowel syndrome, moderate internal hemorrhoids, cervical disc syndrome, lumbar disc syndrome, bilateral hand internal derangement, tear of medial cartilage or meniscus of right knee, current, osteoarthritis right knee, chondromalacia of the right patella, left knee compensatory pain and insomnia. On 10/01/2014, her height was recorded at 5 feet 2 inches and her weight at 170 pounds with a BMI of 31.1. An MRI of the right knee on 04/24/2014 revealed findings consistent with a prior partial medial meniscectomy with degenerative changes of the meniscal remnant, with no definite recurrent tear. There were osteoarthritic changes of the knee, greatest involved in the medial knee compartment with degenerative edema and severe thinning of the articular cartilage. There was a small focus of heterotopic calcification versus loose body within the joint space anterolaterally and joint effusion. On 09/23/2014, her treatment plan recommendations included aquatic therapy for her knees, pain management consultation, naproxen 550 mg, omeprazole 20 mg, Neurontin 100 mg, Synvisc injections and a right total knee arthroplasty based on the mechanism of injury, the physical findings, her failure to respond to conservative treatment, limited flexion under 90 degrees, functional limitations, night time joint pain and loss of chondral joint space. A Request for Authorization dated 09/23/2014 was included in this injured worker's chart.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Right total knee replacement:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter

**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, Knee joint replacement

**Decision rationale:** The request for right total knee replacement is not medically necessary. The Official Disability Guidelines recommend knee joint replacements as well accepted, reliable and suitable surgical procedures to return patients to function. The most common diagnosis is osteoarthritis. They were found to be quite effective in terms of improvement in health related quality of life dimensions. Age was not found to be an obstacle to effective surgeries. Among the criteria for knee joint replacement is that 2 or 3 compartments must be affected to warrant a total joint replacement. There must have been conservative care which consisting of exercise therapy including supervised physical therapy and/or home rehab exercises, and medications, (unless contraindicated) which would include NSAIDS or viscosupplementation injections or steroid injections plus subjective clinical findings of limited range of motion and night time joint pain with no pain relief with conservative care as noted above. Her MRI only mentioned the medial compartment of her right knee. Aquatic therapy and viscosupplementation injections were part of her treatment plan, but there was no documentation submitted that either the therapy or the injections had taken place. The guideline criteria have not been met. Therefore, this request for right total knee replacement is not medically necessary.