

<b>Case Number:</b>	CM14-0189451		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	05/20/2006
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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:

According to the records made available for review, this is a 65-year-old male with a 5/20/06 date of injury. At the time (9/30/14) of the request for authorization for left total knee replacement; Pre-Operative labs, chest x-ray and EKG; Post-Operative physical therapy three times a week for four weeks; and inpatient for one week, there is documentation of subjective (getting sharp pain along the medial aspect of the knee and under the kneecap, pain will radiate down the shin, pain is worse with walking, he has some popping) and objective (varus deformity of left knee, lacks about five degrees of extension, flexion is 110 degrees, tender over the medial joint line, medial collateral ligament laxity 2+, some crepitation with range of motion) findings, imaging findings (X-ray left knee (9/30/14) report revealed collapse of the medial compartment with large osteophytes over the tibia medially, laterally, and also large osteophytes over the posterior aspect of the tibia and the femur in the lateral view. There is varus deformity), current diagnoses (medial compartment arthritis left knee), and treatment to date (medication). There is no documentation of additional objective findings (Body Mass Index of less than 35), and failure of additional conservative treatment (physical modality and either Viscosupplementation injections or steroid injection).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left total knee replacement:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability 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, Knee Joint Replacement

**Decision rationale:** MTUS does not address the issue. ODG necessitate documentation of at least 2 of the 3 compartments affected, subjective findings (limited range of motion and nighttime joint pain), objective findings (over 50 years of age and Body Mass Index of less than 35), imaging findings (osteoarthritis on standing x-ray or arthroscopy report), and conservative treatment (physical modality, medications, and either Viscosupplementation Injections or Steroid Injection), as criteria necessary to support the medical necessity of total knee arthroplasty. Within the medical information available for review, there is documentation of diagnoses of medial compartment arthritis left knee. In addition, there is documentation of at least 2 of the 3 compartments affected, subjective findings (pain), objective findings (over 50 years of age), imaging findings (osteoarthritis on standing X-ray), and conservative treatment (medication). However, there is no documentation of additional objective findings (Body Mass Index of less than 35), and failure of additional conservative treatment (physical modality and either Viscosupplementation injections or steroid injection). Therefore, based on guidelines and a review of the evidence, the request for Left Total Knee Replacement is not medically necessary.

**Associated surgical service: Pre-operative labs, chest X-ray and EKG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**Associated surgical service: Post-Operative physical therapy three times a week for four weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**Associated surgical service: Inpatient for one week:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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