

<b>Case Number:</b>	CM14-0189691		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	02/22/2010
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	10/31/2014
<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, 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 58-year-old male with evidence of osteoarthritis predominantly affecting the medial compartment of the right knee which is currently bone-on-bone. He has had multiple injuries to that knee starting with an open meniscectomy many years ago. An MRI scan of the right knee dated 5/5/2001 revealed moderate osteoarthritic changes predominantly affecting the medial compartment manifest by joint space narrowing, denudation and thinning of the articular cartilage, increased and decreased signal in the bone marrow and articular surface osteophytes with a maximum length of 7 mm. A repeat MRI scan on 4/12/10 revealed full-thickness articular cartilage loss in the medial compartment of the right knee with associated juxtacortical cystic changes of the medial tibial plateau consistent with degenerative arthritis. There was a small joint effusion present. The past history was remarkable for bilateral knee and bilateral shoulder surgery. The initial procedure on the right knee consisted of an open total medial meniscectomy which likely led to the osteoarthritic changes. There were 2 subsequent injuries in 1992 and 2000 both of which were treated with surgery. He then reinjured his knee in 2010 when he ran into a house that was on fire and tripped. This had been treated with physical therapy and Viscosupplementation intermittently since July 2010. An MRI scan of the right knee on 5/5/2011 revealed moderate osteoarthritic change of the knee joint predominantly affecting the medial compartment. Standing x-rays more recently have revealed nearly bone-on-bone in the medial compartment. The disputed issue pertains to a request for a unicompartmental knee arthroplasty of the medial compartment of the right knee. This was non-certified by utilization review for lack of evidence of recent injections and functional deficits and one radiology report describing the joint space narrowing as "mild". The documentation provided leaves no doubt about the severity of the osteoarthritis and the adequate trial of nonoperative treatment.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthrotomy, prosthetic arthroplasty- medial compartment of the right knee, 3 days of inpatient stay:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Procedure Summary

**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: Knee Replacement

**Decision rationale:** California MTUS guidelines do not include the criteria for a unicompartmental knee arthroplasty. ODG guidelines are therefore used. The criteria include failed conservative treatment with exercises, medications, Viscosupplementation injections or steroid injections plus subjective clinical findings with limitation of range of motion and nighttime joint pain and no relief from conservative care and documentation of current functional limitations demonstrating necessity of intervention plus objective clinical findings of age over 50 and BMI less than 40+ imaging clinical findings of osteoarthritis on standing x-ray involving one compartment. An exhaustive review of the medical records indicates many years of progressive medial compartment osteoarthritis related to the industrial injuries and the open medial meniscectomy. The conservative treatment has been tried on multiple occasions using physical therapy and Viscosupplementation. There has been progressive deterioration of the osteoarthritis on imaging studies primarily in the medial compartment associated with a slight varus. The guideline criteria of conservative treatment with medications, injections, and physical therapy have been met. In light of the above, the unicompartmental arthroplasty of the medial compartment is medically necessary per guidelines.

**Purchase of walker:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** In light of the bilateral disease with the presence of degenerative arthritis in the right knee, a walker will be necessary after the left unicompartmental arthroplasty. Based upon ODG guidelines purchase of a walker is medically necessary.

**Purchase of cane:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** ODG guidelines recommend use of a cane postoperatively after knee surgery. The purchase of a cane is appropriate and medically necessary.

**Purchase of CPM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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: Continuous passive motion

**Decision rationale:** California MTUS does not address continuous passive motion after knee surgery. ODG guidelines recommend use of continuous passive motion after knee replacement. Use up to 17 days at home after surgery is recommended for patients who are at risk of a stiff knee and are immobile or unable to bear weight. Maximum use is up to 21 days. Therefore a three-week rental of a CPM machine is recommended; however purchase is not medically necessary.

**Purchase of cold therapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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: Continuous flow cryotherapy

**Decision rationale:** California MTUS does not address continuous flow cryotherapy. ODG guidelines recommend continuous flow cryotherapy as an option after knee surgery. Postoperative use is generally up to 7 days including home use. It has been proven to decrease pain, inflammation, swelling, and need for narcotic usage. Therefore rental for 7 days is recommended; however the purchase is not medically necessary per guidelines.

**Pre-operative labs and clearance:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Low back; Topic: Preoperative testing

**Decision rationale:** California MTUS does not address this issue. In light of the presence of comorbidities such as diabetes and hypertension, a preoperative medical workup and consultation is appropriate and medically necessary per ODG guidelines.