MAXIMUS Federal Services

| Case Number: | CM15-0004235 | | |
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| Date Assigned: | 01/15/2015 | Date of Injury: | 08/19/1998 |
| Decision Date: | 03/24/2015 | UR Denial Date: | 01/05/2015 |
| Priority: | Standard | Application Received: | 01/08/2015 |

## 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

## 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 57-year-old female who reported an injury on 08/19/1998 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to her left knee. The injured worker's treatment history included physical therapy, multiple medications, and surgical intervention. The injured worker was evaluated on 12/19/2014. It was noted that the injured worker was status post left knee arthroscopy and using a walker for ambulation. It was noted that during the arthroscopy, it was observed that the injured worker had significant chondromalacia considered to be grade 4 in all 3 compartments. The physical evaluation revealed range of motion of the left knee described as 130 degrees in flexion and 0 degrees in extension. The injured worker had 5/5 strength of the left knee. There was tenderness to palpation over the medial and lateral joint lines of the left knee. The injured worker's diagnoses included left knee arthritis. The injured worker's treatment plan included left total knee replacement as the injured worker had failed to respond to anti-inflammatory medications and physical therapy. A Request for Authorization dated 12/31/2014 was submitted to support the request.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**One left total knee replacement:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indications for Surgery-Knee Arthroplasty

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Knee joint replacement.

**Decision rationale:** The requested one left total knee replacement is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend surgical intervention for the knees when there are signs and symptoms consistent with pathology identified on an imaging study that have failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has evidence of tricompartmental osteoarthritis identified during arthroscopic surgery on 10/10/2014. It is also noted that the injured worker has failed to respond to conservative treatment. However, Official Disability Guidelines recommend total knee replacement for injured workers who have severe symptoms of osteoarthritis to include limited range of motion from 0 degrees to 90 degrees. The clinical documentation submitted for review does indicate that the injured worker has range of motion in excess of this recommendation. Therefore, a total knee replacement would not be supported in this clinical situation. As such, the requested one left total knee replacement is not medically necessary or appropriate.