

<b>Case Number:</b>	CM15-0006980		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	06/11/2007
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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: New York  
 Certification(s)/Specialty: Neurological Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 65 year old year old female sustained an industrial injury on 06/11/2007 with a fracture of her left lateral tibial plateau. This was treated on 06/20/ 207 with an open reduction internal fixation with a locking plate and lateral meniscus repair. Medical records provided did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed with severe post traumatic left knee arthritis lateral primarily; comminuted displaced left lateral tibial plateau fracture; status post open reduction and internal fixation, left tibial plateau with locking plate, removal of loose bodies from knee joint and repair of lateral meniscal tear; post-operative fall with contusion strain to right shoulder, and possible rotator cuff injury; left knee post traumatic adhesion; status post manipulation of the left knee under general anesthesia; and status post right shoulder arthroscopy. Treatment to date has included the above listed surgical procedures, physical therapy, x-rays of the left knee, oral medication regimen, and cortisone injection. Past medical history also includes breast cancer, asthma, pneumonia and cortisone use. Currently, the injured worker complains of moderate pain that radiates to the leg with clicking, stiffness, and weakness and rates the pain a four on a scale of one to ten with symptoms exacerbated by kneeling, squatting, and prolonged sitting. The treating physician requested left knee arthroplasty with removal of hardware with associated requested services, but documentation did not indicate the reason for this procedure. On 12/16/2014 Utilization Review non-certified the requests for left knee arthroplasty, assistant surgeon, medical clearance, and two to three days inpatient stay per 10/09/14, noting the Official Disability Guidelines: Knee & Leg (updated 10/27/2014), Low Back (updated 11/27/2014).

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Left Knee Arthroplasty per 10/09/14 form QTY: 1.00: 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), Knee & leg (updated 10/127/14), Knee Joint Replacement, and Indications for Surgery - Knee Arthroplasty

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee Replacement Chapter

**Decision rationale:** According to the ODG guidelines criteria for knee arthroplasty include failure of exercise program and medications. Documentation does not include evidence of such failure. Guidelines indicate surgery could be considered if there were failure with steroid or visco supplementation injections. Documentation does not provide evidence of such failure. Limitation of range of motion criteria are also not met by the documentation. Thus the requested treatment left knee arthroplasty per 10/9/14 form is not medically necessary or appropriate.

### **Associated Surgical Service: Assistant Surgeon per 10/09/14 form QTY: 1.00: 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), Low Back (updated 11/21/14), Surgical Assistant

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment left knee arthroplasty per 10/9/14 form is not medically necessary or appropriate, then the requested treatment: Associated surgical service: assistant surgeon per 10/09/14 form is not medically necessary or appropriate.

**Decision rationale:** Since the requested treatment left knee arthroplasty per 10/9/14 form is not medically necessary or appropriate, then the requested treatment: Associated surgical service: assistant surgeon per 10/09/14 form is not medically necessary or appropriate.

### **Associated Surgical Service: Medical Clearance per 10/09/14 form QTY: 1.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id=48408>, Card R. Sawyer, Peri-operative Protocol, Health Protocol, Bloomington (MN); Institute for Clinical Systems Improvement (ICSI); 2014 Mar. 124p

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment left knee arthroplasty per

10/9/14 form is not medically necessary or appropriate, then the requested treatment: Associated surgical service: Medical Clearance per 10/09/14 form is not medically necessary or appropriate

**Decision rationale:** Since the requested treatment left knee arthroplasty per 10/9/14 form is not medically necessary or appropriate, then the requested treatment: Associated surgical service: Medical Clearance per 10/09/14 form is not medically necessary or appropriate.

**Associated Surgical Service: 2-3 days Inpatient Stay per 10/09/14 form QTY: 1.00:** 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), Knee & Leg (updated 10/27/14), Hospital Length of Stay (LOS), Knee Replacement

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment left knee arthroplasty per 10/9/14 form is not medically necessary or appropriate, then the requested treatment: Associated surgical service: 2-3 days Inpatient Stay per 10/09/14 form is not medically necessary or appropriate

**Decision rationale:** Since the requested treatment left knee arthroplasty per 10/9/14 form is not medically necessary or appropriate, then the requested treatment: Associated surgical service: 2-3 days Inpatient Stay per 10/09/14 form is not medically necessary or appropriate.