

<b>Case Number:</b>	CM15-0019653		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	08/13/2012
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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 54-year-old male who reported an injury on 08/13/2012. The mechanism of injury was lifting heavy objects and twisting. His diagnoses include right knee arthritis and bilateral knee internal derangement. Past treatments were noted to include anti-inflammatories, physical therapy, epidural injection and surgery. An MRI was performed, which was noted to reveal tear of the entire medial meniscus, chondromalacia patellae and patellofemoral joint arthropathy, and mild arthritic changes of the posterior weight bearing aspect of the distal medial femoral condyle. Surgical history was noted to include a right knee arthroscopy. On 01/07/2015, it was noted the injured worker had low back pain that radiated to the right leg and bilateral knee pain. Upon physical examination, it was noted the injured worker had intact range of motion to the bilateral knees. It was indicated the injured worker had tenderness to palpation over the medial and lateral joint lines of the right knee. His medications were noted to include alprazolam, minocycline and Norco. The treatment plan was noted to include surgery. A request was received for right total knee replacement as he has failed conservative treatment and has signs of chondromalacia.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition, 2013, Knee & Leg, Knee Joint Replacement 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 & Leg, Knee joint replacement.

**Decision rationale:** According to the California MTUS Guidelines, surgical consideration is indicated for those who have activity limitation for more than 1 month and a failure to progress in an exercise program. More specifically, the Official Disability Guidelines indicate the criteria for knee arthroplasty are: documentation noting previous conservative care, to include exercise and medications; limited range of motion, night time joint pain, no pain relief from previous conservative care and documentation of current functional limitations; over 50 years and a BMI of less than 40; and imaging studies noting the deficit or previous arthroscopy. The clinical documentation submitted for review indicated the injured worker participated in previous conservative care, to include therapy, exercise and medications, and had a prior arthroscopy. However, it was not indicated the injured worker had night time joint pain and he had no limited range of motion. Consequently, the request is not supported by the evidence based guidelines. As such, the request for right total knee replacement is not medically necessary.