

<b>Case Number:</b>	CM15-0131561		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	10/10/2011
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: Minnesota, Florida  
 Certification(s)/Specialty: Orthopedic 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:

The injured worker (IW) is a 52-year-old male who sustained an industrial injury on 10/10/2011. Diagnoses include patellofemoral chondromalacia and osteophytosis. Previous treatments were not documented, but it was inferred that the IW had previous cortisone injections and viscosupplementation for the right knee. The IW was seen on 5/26/15 for a follow-up visit concerning the right knee. X-rays of the right knee showed grade III to grade IV chondromalacia and varus deformity with the medial compartment bone on bone. There was no physical examination documented for this date of service. A request was made for right knee total knee replacement due to failure of conservative measures.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee total knee replacement:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014 Knee and Leg Knee Joint Replacement.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Knee joint replacement.

**Decision rationale:** The California MTUS guidelines do not include criteria for a total knee arthroplasty. ODG guidelines are therefore used. The guidelines for knee joint replacement include the following: (If only 1 compartment is affected, a unicompartmental or partial replacement may be considered. If 2 of the 3 compartments are affected, a total joint replacement is indicated.): Exercise therapy (supervised PT and/or home rehab exercises) and Medications (unless contraindicated: NSAIDs or Visco supplementation injections or Steroid injection), plus Limited range of motion (<90 for TKR), and Nighttime joint pain, and No pain relief with conservative care (as above) and Documentation of current functional limitations demonstrating necessity of intervention. Plus Over 50 years of age and Body Mass Index of less than 40, where increased BMI poses elevated risks for post-op complications. Plus Osteoarthritis on: Standing x-ray (documenting significant loss of chondral clear space in at least one of the three compartments, with varus or valgus deformity an indication with additional strength), or Previous arthroscopy (documenting advanced chondral erosion or exposed bone, especially if bipolar chondral defects are noted). In this case, the recent evaluation of 5/26/2015 indicated that he had undergone x-rays of both knees. There was definite varus deformity with medial compartment almost completely obliterated on the right. A right total knee arthroplasty was recommended. However, the documentation does not include a detailed history or physical examination of the knee. An official radiology report has also not been submitted. There is no documentation of range of motion, BMI, nighttime joint pain, or dates of physical therapy, corticosteroid injections or Viscosupplementation. The request for authorization submitted by the provider on 6/22/2015 indicates the following diagnoses: "Posttraumatic patellofemoral instability of right knee". The service requested is "right knee (total knee replacement)". The progress report dated May 26, 2015 refers to the utilization review denial of authorization. The letter indicates that x-rays of the right knee show definite varus of the medial compartment which was almost completely obliterated and the lateral compartment was completely open. The letter does not offer any additional information supporting the request for a total knee arthroplasty. There is no reference made to the guideline requirements as listed above. The provider also refers to a frozen shoulder. A prior supplemental report dated April 5, 2015 refers to an x-ray of the right knee which showed "a genu varum of 15, early calcification of the anterior cruciate ligament at the anterior tibial spine, sclerosis of the central facet patella with early osteophytic lipping, patellar articulating cartilage and irregularity of the patellofemoral joint". Based upon this information combined with the note of 5/26/2015, it is apparent that there is involvement of 2 compartments by osteoarthritis including the patellofemoral joint and the medial compartment with severe involvement of the medial compartment and associated varus deformity which is an indication for total knee arthroplasty. The provider has documented conservative treatment although the exact dates have not been given. The remaining guideline requirements including BMI and range of motion are not absolute contraindications and as such we can make an exception. The injured worker obviously has functional limitations as discussed by the provider. The provider states that conservative measures have been exhausted. As such, a total knee arthroplasty is indicated. In light of the foregoing the request for a total knee arthroplasty is appropriate and is medically necessary.