

<b>Case Number:</b>	CM15-0134560		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	09/26/2013
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: Montana, Oregon, Idaho  
 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 is a 65 year old male who sustained an industrial injury on 09/26/13. Initial complaints and diagnoses are not available. Treatments to date include medications, physical therapy, and home exercises. He is status post a left total knee arthroplasty on 4/16/15 and the request is for a right total knee arthroplasty. Diagnostic studies include an x-ray of the right knee. Current complaints include left knee pain. Current diagnoses include osteoarthritis of the left knee and derangement of right medial meniscus. In a progress note dated 06/17/15 the treating provider reports the plan of care as planned orthopedic surgery and physical therapy to the left knee, as well as home exercise program. The requested treatment includes right total knee replacement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right total knee arthroplasty:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Indication for surgery- Knee Arthroplasty.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee arthroplasty.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of total knee replacement. According to the Official Disability Guidelines regarding Knee arthroplasty: Criteria for knee joint replacement which includes conservative care with subjective findings including limited range of motion less than 90 degrees. In addition, the patient should have a BMI of less than 35 and be older than 50 years of age. There must also be findings on standing radiographs of significant loss of chondral clear space. The clinical information submitted demonstrates insufficient evidence to support a knee arthroplasty in this patient. There is no documentation from the exam notes from 5/29/15 of increased pain with initiation of activity or weight bearing. There are no records in the chart documenting when physical therapy began or how many visits were attempted for his right knee symptoms. The exam note on 5/29/15 documents a range of motion from 5-110 which is greater than 90 degrees. There is no formal weight bearing radiographic report of degree of osteoarthritis, only a report of non weight bearing x-rays from 5/15/15. Therefore the guideline criteria have not been met and the determination is the request for right total knee arthroplasty is not medically necessary.