

<b>Case Number:</b>	CM15-0138955		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	12/06/2013
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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: Illinois, California, Texas  
 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:

This injured worker is a 57-year-old female who sustained an industrial injury on 12/06/13. Injury occurred when she tripped on a speed bump, twisted her right ankle and landed on her right knee. The 4/10/14 bilateral knee x-rays were reported as negative. There was normal alignment of the bony structures with preservation of the joint spaced, and no chondrocalcinosis. The most recent height and weight in June 2014 were consistent with a 38.3 body mass index. Conservative treatment to date had included medications, activity modification, bracing, TENS unit, acupuncture, and steroid injection. The 5/14/15 right knee MRI impression documented posterior horn medial meniscus tear, Baker's cyst, very large joint effusion, no evidence of ligamentous rupture, and chondromalacia patella. The 6/10/15 treating physician report cited right knee pain. Difficulty was reported with prolonged standing and walking. Right knee exam documented mild effusion and tenderness over the patellofemoral and medial joint lines. There was no instability noted. Imaging showed medial and patellofemoral compartment arthritis, posterior horn degenerative meniscal tear, and intact ligament structures. The injured worker reported knee pain with significant limitations in activities of daily living. Given her age, body habits, and 2 compartment involvements, total knee replacement would be most appropriate. Authorization was requested for right total knee replacement, inpatient hospitalization for three days, and assistant surgeon. The 6/24/15 utilization review non-certified the right total knee replacement and associated surgical requests as there did not appear to be such severe osteoarthritis to warrant 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 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, Knee Chapter (Online Version), Knee Joint Replacement, 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 and Leg: Knee joint replacement.

**Decision rationale:** The California MTUS does not provide recommendations for total knee arthroplasty. The Official Disability Guidelines recommend total knee replacement when surgical indications are met. Specific criteria for knee joint replacement include exercise and medications or injections, limited range of motion (< 90 degrees), night-time joint pain, no pain relief with conservative care, documentation of functional limitations, age greater than 50 years, a body mass index (BMI) less than 40, and imaging findings of osteoarthritis on standing x-ray. Guideline criteria have not been met. This injured worker presents with persistent right knee pain with difficulty in prolonged standing and walking. Clinical exam findings did not document range of motion loss or night time joint pain. Records suggest that body mass index was less than 40. Radiographs did not evidence osteoarthritis on the 4/10/14 films. Subsequent imaging documented chondromalacia patella with no follow-up standing x-rays documented. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial, including physical therapy, and failure has not been submitted. Therefore, this request is not medically necessary at this time.

### **Associated surgical service: Inpatient Hospitalization x 3 days: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter (Online Version), Hospital length of stay (LOS).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: Hospital length of stay (LOS).

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

### **Associated surgical service: Assistant Surgeon: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http://files.medical.ca.gov/pubsdoco/publications/masters-mtp/part2/surgmuscu\\_m01o03.doc](http://files.medical.ca.gov/pubsdoco/publications/masters-mtp/part2/surgmuscu_m01o03.doc), [http://www.bcbsnc.com/assets/services/public/pdfs/medicalpolicy/co-surgeon\\_assistant\\_surgeon\\_and\\_assistant\\_at\\_surgery\\_guidelines.pdf](http://www.bcbsnc.com/assets/services/public/pdfs/medicalpolicy/co-surgeon_assistant_surgeon_and_assistant_at_surgery_guidelines.pdf) - Corporate Medical Policy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid services, Physician Fee Schedule: Assistant Surgeons, <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.