

<b>Case Number:</b>	CM15-0142827		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	03/17/1998
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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 was a 64 year old female, who sustained an industrial injury, March 17, 1998. The injured worker previously received the following treatments status post bilateral knee arthroscopic surgery, cane for ambulation, x-rays, physical therapy, anti-inflammatory medications, Viscosupplementation, Oxycodone, Lexapro and Ativan. The injured worker was diagnosed with left knee arthroscopy with chondroplasty in August 1999, bilateral degenerative joint disease and acute left knee contusion in January 2, 2015. According to progress note of May 22, 2015, the injured worker's chief complaint was bilateral knee pain, left greater than the right. The injured worker was using a cane for ambulation, due to limited gait stability. The physical exam noted the injured worker had decreased range of motion in the bilateral knees, left being 0- 110 and the right being 0-115. There was medial and patellafemoral joint pain. The treatment plan included left total knee replacement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left total knee replacement:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (Web), 2015, Knee (updated 05/05/2015), Knee joint replacement.

**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 are no records in the chart documenting when physical therapy began or how many visits were attempted. There is evidence in the cited examination note from 6/1/15 of left knee range of motion greater than 90 degrees. There is no indication of the patients BMI in the documentation provided. Therefore, the guideline criteria have not been met and the request for left total knee replacement is not medically necessary.